DOCUMENT RESUME

ED 059 757 PS 005 003

AUTHOR	Witmer, Helen L., Ed.
TITLE	On Rearing Infants and Young Children in Institutions.
INSTITUTION	Children's Bureau (DHEW), Washington, D.C.
REPORT NO	CB-RR-1
PUB DATE	67
NOTE	87p.
AVAILABLE FROM	Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. ($0.50)
EDRS PRICE	MF-$0.65 HC-$3.29
DESCRIPTORS	Adoption; Affection; Child Development; *Childhood Needs; Child Rearing; *Children; Cognitive Processes; Day Care Services; Emotional Experience; Foster Children; Health Services; Human Development; *Infants; Perceptual Development; Policy Formation; Problem Solving; Research; Residential Care; Stimuli; *Welfare Services

ABSTRACT

One of a series of reports on the findings of studies of child health and welfare services and of matters relevant to providing such services is presented. The primary purpose of the series is to promote the utilization of research findings by those who make policy and those who administer programs in the fields of child health and welfare. In the discussion, the major developmental needs of infants and young children were identified, and some of the problems in attempting to meet those needs through residential group care were described. Some of the major developmental needs of all infants and children discussed in this report are: (1) affection from a person of emotional significance, (2) continuity of care by that person, (3) adequate perceptual and cognitive stimulation mediated by interested and loving human beings, (4) involvement in the world of adults, and (5) continuing help with the unavoidable problems implicit in emotional development. It was decided that institutions can be staffed and operated in such a way as to meet two of these needs: affectionate care and stimulating experiences. It was also agreed that institutional care should be regarded as a last resort, to be used only if adoption, foster family care, or satisfactory maintenance of the child in his own home cannot be arranged. (Author/CK)

CHILDREN'S BUREAU RESEARCH REPORTS

number 1

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ON REARING INFANTS AND YOUNG CHILDREN IN INSTITUTIONS

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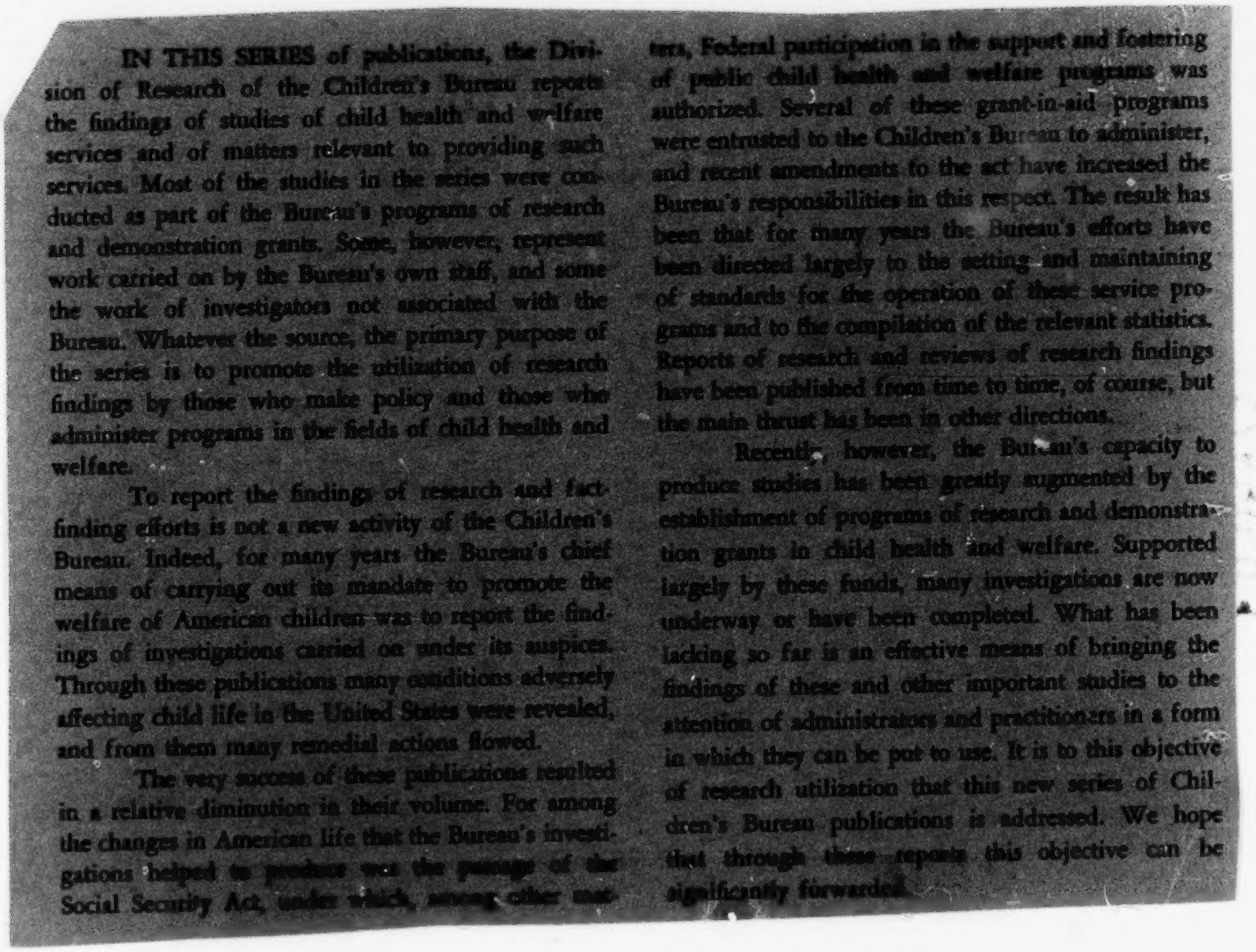
PS 005003

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL and REHABILITATION SERVICE • Children's Bureau • 1967



IN THIS SERIES of publications, the Division of Research of the Children's Bureau reports the findings of studies of child health and welfare services and of matters relevant to providing such services. Most of the studies in the series were conducted as part of the Bureau's programs of research and demonstration grants. Some, however, represent work carried on by the Bureau's own staff, and some the work of investigators not associated with the Bureau. Whatever the source, the primary purpose of the series is to promote the utilization of research findings by those who make policy and those who administer programs in the fields of child health and welfare.

To report the findings of research and fact-finding efforts is not a new activity of the Children's Bureau. Indeed, for many years the Bureau's chief means of carrying out its mandate to promote the welfare of American children was to report the findings of investigations carried on under its auspices. Through these publications many conditions adversely affecting child life in the United States were revealed, and from them many remedial actions flowed.

The very success of these publications resulted in a relative diminution in their volume. For among the changes in American life that the Bureau's investigations helped to produce was the passage of the Social Security Act, under which, among other matters, Federal participation in the support and fostering of public child health and welfare programs was authorized. Several of these grant-in-aid programs were entrusted to the Children's Bureau to administer, and recent amendments to the act have increased the Bureau's responsibilities in this respect. The result has been that for many years the Bureau's efforts have been directed largely to the setting and maintaining of standards for the operation of these service programs and to the compilation of the relevant statistics. Reports of research and reviews of research findings have been published from time to time, of course, but the main thrust has been in other directions.

Recently, however, the Bureau's capacity to produce studies has been greatly augmented by the establishment of programs of research and demonstration grants in child health and welfare. Supported largely by these funds, many investigations are now underway or have been completed. What has been lacking so far is an effective means of bringing the findings of these and other important studies to the attention of administrators and practitioners in a form in which they can be put to use. It is to this objective of research utilization that this new series of Children's Bureau publications is addressed. We hope that through these reports this objective can be significantly forwarded.

For sale by the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C., 20402 - Price 50 cents

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INTRODUCTION

THE CONFERENCE whose deliberations are reported here was held in New Haven, Connecticut, in the spring of 1966, under the joint sponsorship of the Child Study Center of Yale University and the Children's Bureau. Its purpose was to consider whether child care institutions can be designed, staffed, and operated in such a way that they can adequately meet the developmental needs of infants and young children.

The immediate reason for the meeting was the Yale Center's desire for advice about setting up and operating a residential facility for infants and young children. Such a facility was being considered as a part of a research and training project in child development and child care that the Center was about to initiate under the direction of Dr. Sally Provence. In a statement describing the project, Dr. Provence commented as follows:

"There are two major parts to our program: a research project and a training program for child care workers. We intend to study the development of three groups of disadvantaged children from birth up to at least six or seven years of age. According to present plans, one group would live in a residential facility, one group in foster family care, and the third group in their own homes. It is in the residential facility that we would develop the program for training child care workers.

"The aim of the study is to secure information that will lead to more effective methods of preventing or alleviating the intellectual and personality damage sustained in situations of inadequate care in the early years. The study will focus upon processes and steps in the development and adaptation of children to their physical, social, and psychological environment, and upon problems in their development and behavior. In our opinion the field of child welfare is in need of more detailed information than is available at present about the characteristics, problems, and capacities for adaptation of the developing child in relation to the specific environment in which he lives.

"In order to carry on the project, we would provide housing and care for the residential group. We would strive to provide the best care possible, accepting the fact that there will inevitably be several caretakers for each child and that we cannot really duplicate a good home environment.

"In addition to residential care, we shall provide daytime care and an educational program in which the three groups of children will be brought together, thus giving us a setting in which prolonged observations and comparisons can be made. Some examples of questions that prompted the study are the following:

How do young children in foster families and group care settings resemble and differ from one another and from children reared in their own homes?

Is it possible that a residential program can be so set up that it does not endanger development and jeopardize children's chances to adapt to our kind of society?

What are the specific qualities of the homes in which children with particular traits or problems do well or badly?

What measures can be developed to support foster parents and biological parents more effectively so as to preserve the family and provide good care for the children?

On what basis may a child caseworker reasonably decide to move a child from one home to another?

At what point, if ever, can one say that it would be better for a child to live in a group care facility than in his own or a foster home?

How "bad" may the child's own home be, as assessed by the usual criteria, and still be better for him than a good foster family or group residence?

"It would be excessively ambitious to think that we can find answers to these enormously complex questions through our study. It seems to us, however, that one place to start is with a detailed study, over a period of years, of the three groups of children designated. In order not to be overwhelmed, we plan to begin with infants and let the project grow as the children do, taking in infants to add to the study population. I want to add also that, while it will make our research more difficult, we are committed to putting the best interest of each child first. Consequently, there may be a good deal of coming and going in our groups.

"Our second major area of interest is the development of a training program for child care workers. Because of the variety of functions involved in the care and study of the children in the project, we think it provides an excellent opportunity for persons concerned with many aspects of child care and development to learn from contact with these children and their families, as well as from the seminars and courses which will be organized. I shall not expand upon this part of our plan but shall say only that we expect that people concerned with the early years (whether their interest is social work, nursing, teaching, research, or providing for the daily needs of young children) may find something of interest in it."

A second reason for the Conference was the Children's Bureau concern about the present desperate situation in the field of foster care of children. In many large cities healthy newborn infants are being held in the well-baby wards of hospitals because they have no homes and because the welfare authorities cannot find other means of care for them. "Shelters," designed for the temporary accommodation of children, are seriously overcrowded, and many children have to be kept in them far longer than intended. Foster parents are increasingly difficult to recruit, especially in large cities. Among those who are recruited, turnover is too rapid. And the turnover of children in these homes is even greater, for relatively few foster parents are willing or able to provide the care throughout childhood that many children require.

In child welfare circles, various proposals have been made to remedy this situation. Among them is the remodeling of that currently discredited form of care, children's institutions. In a keynote statement that opened the Conference, Charles Gershenson put the question this way: "Can we reexamine the entire question of group care for infants? Can we divorce ourselves from past controversies and move from a base of empiricism to a base of scientific theory? Have we learned anything from residential treatment about working with groups of children in their total life space? Do child development, child psychiatry, education, and sociology have anything to suggest that may make residential care of groups of young children feasible?"

The Conference's response to these questions was to consider first what suggestions can be gained from theory, research, and clinical practice about the environmental conditions that foster the healthy development of babies and young children. Sibylle Escalona and Eleanor Pavenstedt presented prepared statements on this subject, which were followed by general discussion.

Second, as a source of information about the possibility of providing good care for young children in a residential facility, two current group-care programs were described by their administrators, Harriet Tynes and Joseph Gavrin. In addition, Betty Caldwell and Halbert Robinson told of their new experimental day care centers for infants and young children that use group care for enhancing cognitive development.

At the end of the first day's session, Anna Freud commented on what had been said so far and added her own observations on the developmental needs of young children and on the relative standing of various modes of meeting them through foster care.

The rest of the Conference was given over to a consideration of various issues and problems in residential care of young children. Informal statements were presented on choosing a site, recruiting and training child care workers, programing the children's day, health services, and external obstacles to effective service.

Insofar as time permitted, each paper was followed by discussion. In the following pages the statements of the speakers are reproduced in somewhat condensed form but in the informal style in which they were presented. The discussion is handled in two ways. Selected portions of it—chiefly the comments and questions that bore on topics not repeated later, especially the questions that asked for clarification of the speaker's remarks—are presented in abbreviated form after the paper to which they refer. The rest of the discussion, insofar as it its noted at all, is grouped under topic headings in the last section of this report. Here the main points that were made by both speakers and discussants regarding the major questions before the Conference are summarized. The report ends with a proposal for a new conception of residential group care.

I.

SOME MAJOR DEVELOPMENTAL NEEDS OF YOUNG CHILDREN

THE CHIEF QUESTION before the Conference was the feasibility of rearing deprived infants and young children in residential facilities. This question was first approached by considering what young children are like and what it is that they need (aside from food, shelter, and the like) for sound development. Dr. Sibylle Escalona, the first speaker, opened up this subject by looking at well-functioning families and noting four of their major contributions to the development of children in the earliest years. She also touched briefly on whether child care institutions could make comparable contributions, and if so, how.

The second speaker, Dr. Eleanor Pavenstedt, dealt with children two and a half to five years old. Taking up each age group within that range separately, she noted some of the distinctive characteristics and needs and made numerous suggestions for handling the children. She also made some incisive remarks about the current, widespread interest in group modes of child rearing and suggested some alternatives to be considered for children who are homeless or whose parents are seriously inadequate.

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DEVELOPMENTAL NEEDS OF CHILDREN UNDER TWO-AND-A-HALF YEARS OLD

SIBYLLE ESCALONA

THE TOPIC of the developmental needs of children up to the age of two-and-a-half years is a large one to cover in a short time. Consequently I am going to assume that we all share the kind of thinking and the still incomplete factual knowledge that determines our current view of the primary needs of young children. I shall speak instead about some matters that are subordinate to the major needs of children, that may help to clarify them, and that, so far as I can judge, have not been explicitly discussed. Specifically, what I have in mind are infants' and young children's needs for continuity of affectionate caretakers, for an animated environment, and for certain other conditions that are difficult to categorize briefly.

I would like to note first, however, that whether one is functioning primarily in the role of social reformer and program developer or primarily in the role of investigator, one should start with the best appraisal one can make of the conditions under which one is working, the limits and the special characteristics of the scene toward which one's activities are directed. In this connection I should like to echo a frequent observation that even if we did not do a lick of research but simply applied to the care of children what we already know, it would be very beneficial. I think this is an important point for us to keep in mind, for unless we become more resourceful as a society in using research findings, the same fate invites the more sophisticated and more comprehensive knowledge that may come out of the proposed research program that occasions this meeting.

Another general statement to be made about the conditions under which we work is that some of the realities that limit and direct our activities on behalf of young children are by their nature unalterable, and it is our business to adapt to them and work with them. There are some other realities that by their nature are quite alterable, but I am not sure that we have either determined to alter them or learned quite how to do so.

By the unalterable aspect, I refer to the biopsychological characteristics of the human organism—its sequence of growth, and the needs that arise from it. This is something we cannot alter to any great extent.

By the alterable aspect, I have in mind what we collectively (social institutions and individual people) do with and for children. The present state of affairs in this respect is rather peculiar. Americans like to think that their country has a particularly strong investment in young children, but if you look at the socioeconomic indices, this is simply not true. The actual proportion of public and private effort and money that goes into activities directed primarily at the welfare, education, and health of children is relatively small in comparison with expenditures in other categories. So, by this realistic standard, we are not the kind of society that puts children first. There are societies in the world today that do this. Countries such as Israel and several of the so-called Iron Curtain countries put a much higher proportion of public money and public effort into the care of children than we do.

Another undeniable aspect of this alterable reality is the rather low social status of child care workers and teachers in this society of ours, as compared to our own early history or to the situation in some other countries now. As a background to

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more specific details that I want to come to, this seems to me to be important.

What a Well-functioning Family Gives Its Children

We all agree that such understanding as we have of what babies seem to need in order to develop well comes from study and observation and acquaintance with intact, well-functioning families. Whether the consensus of our opinion is going to be that the best way to care for children who are not members of a natural family is to put them into a foster family is, it seems to me, open to doubt. But as a source of information about conditions under which children can develop very satisfactorily, I know of no other place to look than to families that function well.

It hardly needs saying that when the debate reduces itself to considering the merits of family care versus group care, this is already begging the question. All of us know that that isn't how it is. The power of families to do damage to their young children and to one another is equalled only by their power to be sustaining and helpful. There are lots of families that are perfectly dreadful for the children in them. There is probably no greater resemblance between different types of group care than there is between different types of families.

Now what does a well-functioning family provide for children that so many other settings, including the type of institution that has prevailed heretofore, do not? The following are some of its contributions, as I see them.

A sense of being of personal, individual importance

I think the most obvious contribution is that in such a family the child, before he has done anything to earn it, so to speak, is a tremendously important object to every member of the family. This fact has concrete consequences in which I have been much interested.

What I want to try to say briefly on this subject comes from rather detailed, behavioral investigations of well children who live in normal family settings. In such a family, before the baby even makes its appearance, mother and father and brother and sister, grandmother, and everybody else knows that they are going to be stuck with this child, with responsibility for him, with a shared life with him. He is the repository of important hopes and fears and ambitions and love, which means that for better or worse (and it doesn't have to be always better) the child is responded to from the very beginning as a person of significance. This affects the smallest details of routine care, play, and social interchange. That he is somebody who is doing things or not doing things, smiling or not smiling, crying or not crying, spitting up or not spitting up, holding still during diapering or not holding still is responded to as a significant event because the baby is a significant person.

Those of you who have watched mothers (ordinary mothers) or other family members living with a child can contrast that with the best kind of nursing or other child care that we know of as given by well trained, gentle, understanding professionals. You will know what a difference there is in how the child is touched, what happens to the face of the other person when the child smiles at him, the caretaker's reaction when the child doesn't eat the usual amount, the million trivia of life that make up the matrix of experience from which very small infants grow.

For research purposes, I have had the experience over the last two years of observing some 600 babies within the same 15-minute period playing the universal game of peek-a-boo with an exceedingly skillful examiner and with their own mothers. You know the game—with a little cloth over the face, saying "Where is the baby?" and waiting for the baby to pull the cloth away. In some instances the mother played the game first, and then the examiner a little while later. In other instances the examiner started first and then the mother did it.

It has been most fascinating to see how different the children's reactions depending on who was the partner, even though the examiners were persons with whom the children were very comfortable and to whom they smiled and babbled and talked and so on.

Some babies, very young ones, cry or fuss when the mother plays the game. We have never had a single baby cry when even the nicest examiner hid her face. When the game goes well, the difference in reaction is enormous. The baby may smile very broadly and chuckle when the facial contact is made with the examiner. But when the child really enjoys the game and is playing it with his mother, the tension that builds up and the release that comes with the climax of the game is incomparably greater.

The point of this example is that the everyday transactions of a child with the primary caretaking people in his family are invested with a kind of importance and realistic significance that they seldom, if ever, have with professional caretakers. This reflects the fact that it is the mother, the father, and everybody in the family that have to bear the consequences if the child does not do well. The combination of the realistic commitment to the future with this child and the tremendous affective importance of this young creature lends each and every separate transaction a vitality that it does not have under other circumstances, even with very devoted caretakers.

From this I conclude that need number one of young children, whatever the setting, is for caretakers to whom they are both emotionally and realistically of individual importance. I shall later try to say something about how this need might be met in care outside the child's own home.

Constancy in care

The second need I want to talk briefly about is one we all know; namely, one indicated by the fact that children seem to do better in their early development if the person or persons who are their primary human contact, the people who take care of them, remain the same throughout infancy and childhood. There has been a fair amount of research that suggests that this element may not be of great significance to a child before he is about six months old. While I think it is true that multiple care or changes in the person who takes care of the baby have no strong, visible effects on developmental progress up to somewhere between five and six months, provided the care is good, nevertheless we would be making a grievous error if we were to conclude that we have to worry about continuity only after the second half of the first year of life. I want to say a word about why.

Even if we assume that the current research information about the first six months is correct, we know that the situation is not the same during the second half of the first year and beyond. Perhaps this is not so much because the baby now puts more into the developing relationship as because the mother responds well to what the baby puts in. Ordinarily a person who begins to take care of a very young infant acquires an intimate acquaintance with the baby. She comes to know what he is like. She has lived with him through the bellyaches and the regurgitations and the first smiles and hundreds of other events, so she knows him and how he reacts, knows about his tempo and his particular sensitivities, and so on. She has built up a whole reservoir of remembered feelings in her own body—emotions and perceptions and impressions and event-structures with the baby—and these determine to a considerable extent how she feels with him and is able to respond to his changing needs as he grows older.

When the baby reaches the age of reason (in the sense that he comes to the age when the mother becomes a separate person to him) the quality of his interaction with the caretaking person at that time and for a long time thereafter is most important. During this period the child develops his all-important first relationship to another human being. This is one of his chief developmental accomplishments: that he comes to know other people, to discriminate among them, to develop a firm bond to one of them or to the very few who become especially important to him, to appreciate things about himself in the world as he finds it. This developmental achievement on his part is best supported and promoted by a person who has known him and cared for him when he was tiny. A person who has not known the baby intimately—from taking care of him—until he is six months old has to start from scratch and will not be able to support in detail this developing object relationship, as the psychoanalytic literature calls it, in the same way.

In saying this I want to give a small warning to planners that the perfectly respectable and probably true research finding to the effect that the baby will do as well during the first six months of life even if he does not have continuous care should not encourage them to feel that they do not have to be concerned about continuity of care until the second half year of life. I think continuity makes a great deal of difference nonetheless, primarily through what the caretaker brings to the situation rather then through what the child brings to it at this point.

A stimulating, person-animated environment

The third point to which I want to call attention briefly has to do with something that in the research literature has had more attention, I think, in the last ten years that at any previous time: namely, perceptual richness, cognitive stimulation. As you know, some of the investigators who have been concerned over institutionalized children's failure to thrive have begun to suggest that it may not be the impersonality and the lack of primary affectional ties that do the damage but rather the fact that in an institution there are few things to look at, fewer things to handle, little encouragement to move around. The whole environment in an institution has a tendency to become uninteresting and monotonous, the same day after day and from morning to evening.

A lot of very interesting research has shown that if you do no more than attach to the crib things a baby can bat at with his hand and look at or provide more toys or put the baby in more positions, some of the retardation in development that is ordinarily found disappears or is at least diminished. This has led some of the people who are working in this area to feel that by an enriched, finely adapted kind of program of perceptual stimulation one can perhaps compensate for some of the shortcomings in the human environment.

As many of you know, this is a line of thought that has been exploited more systematically in Russia and in certain other countries than in the United States. If we want seriously to think about what kind of possible patterns of care are reasonable to consider for young children, we ought to look to the places where there has been a long investment and experience with patterns of care different from our own—not with the idea of copying them but of learning what the possibilities are.

Anyway, I would like to say a word based on observations of families contrasted to observations of experiments with perceptual enrichment. By a little example to indicate what I have in mind, I will try to make a point that should be stated, I know, in a more systematic and theoretical way. A child's use of his body and capacity to learn from moving it is of a totally different nature when these activities involve another person, especially an adult, than when they are done in solitude. If you observe what a child does and what happens to him in the two situations and note the degree to which these activities lead him to practice what is sometimes called mastery activity (that is, the kind of behavior that plays a role in getting him to move forward in his development) you will see that the two situations do not look alike at all. The major reason is that in the age period between about five or six months and twelve or fourteen months children do not yet have much control in manipulating things and doing things and getting themselves around.

If a person uses things in playing with a baby —a rattle or the child's own bootie or a can of food, for instance—what happens is that as the child shows an interest in reaching, in grasping, in transferring, in shaking (whatever the different tricks are that children learn to do at an early age) the adult not only animates the scene by laughing, praising, hugging, responding with sounds and so on, he also does more than that. He accommodates to what the baby can do. If a mother or a father or anybody else plays with a baby with a toy and if the baby is trying to reach and cannot quite make it, the adult characteristically brings the toy just close enough so that the baby can have the experience of himself executing this visual-motor coordination and having the experience of really contacting what he is reaching for.

In contrast, if the baby has no human playmate, the toy just sits in a playpen or in a crib or somewhere, and if it is too far off, that is the end of the experience. Similarly, you all know these endless games of a child throwing an object and the adult bringing it back. It is sometimes a nuisance for the adult but frequently the teaching power, the learning-promotion power, of this and similar kinds of experiences is enormous.

This is not to say that it is not a good thing to enrich a monotonous environment by various kinds of gadgets and sounds and so on, to make life more interesting for children in institutions. These changes, however, provide only ***manipulanda.*** They may indeed facilitate some activations that are developmentally helpful, but ***manipulanda*** are one thing and programing for stimulation is another. The learning activities of handling things and dealing with them and moving around in space should be imbedded in a context that not only includes a personal interchange but also an adaptation to the child's needs and desires of the moment. In this way, if a baby loses interest in a toy, the caretaker may shake it or do something else with it and so sustain his interest over a longer period. In many, many ways that I could describe at much greater length than you would like to hear, the actual physical experience that a child has in relation to the activities that we know are important for his progressive development during the first year of life is different depending on whether a person—especially a person emotionally significant to him—is or is not present.

Need number three, then, I would say, is not only for a sufficiently stimulating and challenging physical environment but for having that physical environment animated in human terms in order to facilitate maximally the child's capacity to acquire mastery over his own body and over those things around him that he can learn to manipulate and use for his own purposes.

Involvement in adult activities

My fourth point is the most difficult of all. It is the only one that, so far as I can tell, runs somewhat contrary to best opinion at the present time. I have a bit of hesitation in stating it at all because I can't support it by research data. I can only support it by observation of a great many children under many different kinds of circumstances, in an effort to trace what it is that is so different about the quality of experience that a child has in an intact family as compared to a child in any other setting. Since I have developed an extraordinarily strong sense of personal conviction on the matter, I am going to make the point, and I trust that if in its written form this comes to anybody's attention, its tentative nature will be recognized.

I think the best way to start off is by trying to evoke in you images of the best kind of group care situation for young children that you can think of—a situation in which there are really sophisticated, maternal kinds of people in charge, and in which there is a considerable awareness of what we understand about children, and where everything is as good as we can ordinarily find in any group care center. What it is that is so extraordinarily different about these centers as compared with a good home is the very thing on which the best centers pride themselves; namely, that the caretakers have one job and one function only: to look after the children in the best way they know how and devote themselves completely to this task. Somebody else brings the laundry, somebody takes it away, somebody else cooks the food. If something goes wrong, you call maintenance. Somebody else does the budgeting. The child care worker has no responsibility except, for certain hours of the day, to devote her best skill and whole attention to the well-being of a small number of children.

Contrast this to the situation in an ordinary family. There the mother and other caretaking family members have to integrate their care of the child with functioning in the family unit in many different directions. They have to time the bathing and the naptime and the playing with the baby against the necessity that meals have to be cooked, laundry has to be done, phones have to be answered, and so on. In other words, you can analyze specifically (I have done it in writing) where in the baby's life, and in what kind of situation and in what ways, it makes a difference that he is a part of a social and physical setting in which things go on that affect his mother as well as himself and to which adaptation has to be made.

By contrast, in a good group care center there is this somewhat unreal quality of all effort being focused on the children alone. I exempt the Hampstead Nursery from this description because there the people who were devoted to raising the children also had a consciousness of conducting a vitally important experiment. I am sure that what they did and what happened (record keeping and everything else) was somehow imbued with meanings of another order, so that the tasks related to the care of the children had adult, substantive meaning to the people involved.

If my reasoning about what I have observed in various settings is correct, then this fact makes a tremendous difference. I am not saying caretakers necessarily ought to cook or to carry on any of the other household tasks as in ordinary families. But it seems necessarily different for the child if the organizing task of the mother-person involves not only meeting the child's needs in the best possible way but also finding a place for this ongoing necessity in a scheme of things that has meaning to her as a social person and as an economic person, and so on.

I know that I must not take the time to try to trace in what ways all of this actually affects the learning experience of children. If we had time to do it, however, I feel sure I could point to some areas where this makes a difference. Instead, I shall conclude by saying that I have come to think that caretaking people will be more effective as well as perhaps more satisfied individuals if their job can be built in such a way that they are not limited and, at the same time, committed to one task only—to care for children for a specified period of time.

DISCUSSION

In these remarks Sibylle Escalona set themes for much of the discussion at the Conference. Children's need for affectionate caretakers to whom they can develop a close attachment and for continuity on the part of these caretakers were points that were commented on again and again. Their need for perceptual and cognitive stimulation also received attention, both in the remarks that followed Dr. Escalona's statement and in subsequent papers and discussions.

Because these themes were reiterated throughout the meeting, the following report of what was said in immediate response to Dr. Escalona's remarks will be limited to the one topic on which further clarification was sought. The comments on the other topics will be combined with those made subsequently and presented in the final section of the report.

The topic on which clarification was requested was the one made last: the advantage to a child of having his mother's care of him integrated with her numerous other household activities. To some who commented on this point, this seemed to imply that child care workers should not be limited to single types of duties but should have more variety and enrichment in their work in the institution. To others the problem that Sibylle Escalona was chiefly referring to was the child-centeredness of institutional care. It was noted that this affects the care of older children as well as that of children who are very young.

Replying to these comments, Sibylle Escalona said: "I am sure it is very important to enable the caretaking person to feel like a real human being who leads a satisfying life and so offers a good identification pattern to the child who becomes attached to her. But this is not the aspect of family life of which I was speaking, which had to do not with how the caretaking person feels but with what comes at the child.

"In part, it is the unrewarding aspect of having to run a family (to do all kinds of things in this connection) that offers the child precisely what I am talking about. Most mothers would not say that what they like about life is constantly having to be ready for the husband, for the phone, for the laundry, for the meals, and so on. These are simply a fact of family life, and mothers are often quite resentful of it if it gets to be too much.

"I am exaggerating a bit to make the point. But it is through events like these that the child (at first just in terms of the immediate, bodily event between himself and his mother, and later in a more differentiated way) experiences both the mother in relation to himself and also himself and the mother in relation to the world about them. This corresponds to what life is really like, the kind of life he is going to grow into.

"He lives with his mother through all kinds of pressures. She has to put him under an arm and answer the telephone. There's 'shush for a moment.' There are a million little things that happen constantly that make the life of an infant in a family different from that in even a good institution. There the environment is geared to meet his needs. When his needs are not met, it is because the person who is there to take care of him doesn't do her job properly.

"In a family a child's life is not so egocentrically structured. Of course young children, for their understanding of the world, must at first be guided by their own needs and feelings in an egocentric way. But they grow through this phase and out of it because the life they encounter isn't like that. If in an institution we make life child-centered, then we are giving the child less help in appreciating and finding his way around in a world in which objective circumstances really govern to a considerable extent."

To this Anna Freud replied: "Dr. Escalona's point is one that has been very much on my mind over the years, and I must say I feel less tentative than she does about it. I formulate it in this way. Normally, the child is an addition to the adult's world, but in a residential institution the adult is an addition to the child's world. That somehow creates a topsy-turvy picture in the child's mind, a picture that one can hardly correct. Everything is arranged for the children, in a good way or a bad way. The whole institution is built around them and adults are needed in it for that purpose.

"But does this kind of world give a child a picture of the world to come? I am reminded of a similar situation when parents visit their children in a hospital. Here the parents have no occupation. At best they have a chair to sit on, and it is only a very enlightened hospital that allows them to arrange the child's hair or to give the child food. This change of role is immensely confusing to the child. What kind of a father or mother is it, they ask, who has no power over my surroundings?

"At one time in my life I had an idea about a nursery school which I never put into practice—perhaps luckily. Could one build a nursery school for adults, I asked, with visiting children, instead of a nursery school for children with visiting adults? This would be a kind of community in which the children would be allowed to participate. Such a conception of a school would break into this idea that what is good for a child necessarily has to be built only around the child."

SOME CHARACTERISTICS AND NEEDS OF CHILDREN TWO-AND-A-HALF TO FIVE

ELEANOR PAVENSTEDT

I HAVE BEEN ASKED to review briefly the major developmental characteristics and needs of normal children two-and-a-half to five years old, with particular reference to children in group care. In addition, I should like to raise some questions about group care and to make a few suggestions.

Developmental Characteristics and Needs

In this résumé I shall assume that these children have experienced the degree of mutuality and communication with another human being and the stimulation that are necessary to enable them to initiate the kinds of exploration and play that together prepare for internalization and assimilation. I make this reservation because as long as twenty-five years ago Anna Freud noted the slow development of speech and control of aggressive impulses in children who were raised in a group of contemporaries by kind and patient but shifting educators. The assignment of one specific adult to each four children, who were encouraged to think of them as "mine," resulted in rapid improvement in speech and modification of aggression, even though it gave rise to intense possessiveness, jealousy, and rivalry.

The child at two-and-a-half

By the age of two-and-a-half the majority of normal children will have suffered their first major frustrations—weaning and toilet training. They will have come to terms somehow with these demands of the environment and, if the demands have been made by a loved and loving adult, will have come out of the experience with a sense of mastery and the feeling of being cherished. They will have acquired at least enough speech to express their wishes and protests. They will be sufficiently separated from those around them to permit their use of the concept, I. Their sense of object permanence should be well established but that of object constancy may still be unstable.

These children will have made excursions into the world of reality but fantasy and magic will continue to dominate their thinking. They will still be struggling to establish their autonomy by resisting adult influence. Aggressive and destructive urges will continue to lead them into difficulties with their peers and, when projected, will fill them with anxiety or specific fears. Possessiveness will extend to people and objects; rivalry will lead to primitive struggles and bitter misery. Frequent relapses to earlier behavior will interrupt their active play.

When caring for two-and-a-half-year-old children, it is important to be aware of the limits of each child's ability to tolerate frustration and to intervene by diversion, introduction of solitary, easily mastered activity or a period of individual attention. As a general principle, it must be recognized that a child of this age, in spite of his seeming independence and self-sufficiency, needs both props and repeated opportunities for relaxation and a return to dependency. Many of them are constantly assailing their own limitations and coming to grief.

Although play in the same group with others is well tolerated by these children for quite long periods of time, rivalry and possessiveness are still too powerful to permit of any real respect for another's rights. Food fads and disgust over the color and consistency of certain foods may remain with them for a time. Sleep, particularly going to sleep, may be fitful, especially on days when coping with others has been trying. The need for bedtime rituals and for taking familiar toys into bed with them are prominent at this age. Some personal form of affectionate interchange with the loved adult at bedtime seems essential, as judged by the behavior of family-reared children.

Approaching three

The child who is approaching three years of age covers less space than a younger child and becomes involved for longer periods of time in some aspect of play or construction. Fine muscle coordination improves; a feeling for balance is sometimes very pronounced. They begin to play or build with some project in their mind. Memories begin to interest them; in the process of recounting them, they reveal a crude sense of the past.

Dr. Anni Katan has called attention to the normal mother's habit of verbalizing feelings for her child. To do this should be an important responsibility of children's caretakers. A child's empathy with another child, which leads to consideration for others and control of aggressive impulses, is grounded in awareness of his own feelings. It is doubtful that this process can be established except by someone whom the child trusts and loves. Besides verbalizing his feelings, a caretaker can also clarify conflicts for a child, helping him to recognize two simultaneous but opposite reactions. It is of greatest importance that a caretaker heed carefully and try to understand what a child is saying and respond appropriately. In the tumult of group life this can easily be overlooked. The habit of communicating with others, of listening to what they have to say, as well as anticipating a response, can have its inception at this age, perhaps even earlier.

By providing appropriate play material, coming to a child's assistance when he needs it, protecting his creations from other toddlers and, particularly, by being alert to the timing of proposing an innovation or elaboration, an adult can both widen the child's ideas and prepare him for opening himself up to allowing others to contribute to solving his problems. At the same time a child's early efforts at practical independence should be welcomed, even when the results leave much to be desired.

Much thought has been given recently to material that will enhance the toddler's range of perceptions and manipulative skills. Unless the social, affective factor is introduced as well, learning from others may be hampered.

Even at this age, play, the work of the child, serves to help him deal with his conflicts or, at least, to abreact anxiety. Play may serve as an outlet for the expression of wishes and anxieties that have not been altogether set aside. By means of play, too, the child imitates the activities of his parents or his caretakers. He reverses the roles and takes great pleasure in reprimanding, punishing, and depriving his parents—usually far more severely than he has been treated but probably quite in keeping with the way he experienced his restrainers. In playing with dolls or animals, it will be noted that children of this age often assume a parent role.

These children's need for possessions is strong. Just as the latency-age child needs a best friend to affirm his personality, so a toddler needs possessions to give him a concrete feeling of existence. He also needs people identified as belonging to himself or to others.

Three years old

And so we arrive at three, which has always seemed to me one of the peaks of life. The average three-year-old has found himself enough to abandon his struggle against adults. He even pays attention to what he is told to do and, by and large, likes to please. He is active and energetic, full of enterprise, ready to explore and experiment, ready to engage in shared play with his peers. He usually has a sense of order, wants to know where things belong and to fix them. He enjoys naming things and begins to class them in groups. Sexual differences, already apparent before three, now are more emphasized, with boys showing particular interest in taking things apart and putting them back together, while girls tend to imitate their mothers in household play.

At this age it is especially important that each child's pace and style be recognized. Children who have not developed enough initiative require special encouragement. Some children have a shorter span of endurance or focus than others and need to be diverted earlier. For some, the final achievement gives the greatest satisfaction, and they should be allowed to remain with an activity until completion. However, they can begin to listen to the recommendations of trusted adults and to postpone pleasure.

Some children will cling longer to possessions that have great value to them, while others will share with greater ease. Some of them are already endowed with empathy and are solicitous of weaker or less gifted playmates. This becomes apparent when group play is organized. If these same children also have a rich imagination, gifts of leadership soon become apparent. They will be the organizers of group activities, such as train play, since they can accept other children's suggestions and need not always assume the most engaging role.

Fireman play, bus or plane travel, play with cars involving elaborate garages and gas stations will hold most of a group of three-year-olds for as long as twenty or thirty minutes. Trips to the outside, where they can observe these things in reality, are essential to make the play both meaningful and instructive, as well as to broaden their world. Some children prefer to play out single roles like milkman, garbage man, or truck driver; sometimes they collaborate with a group engaged in house and family play.

Boys are apt to be more active and aggressive than girls at this age, and some little girls give up participating unless they have a special protector, for their pride is hurt over being relegated to the less interesting roles. Other girls are willing to accept this state of affairs and seem to derive reflected pleasure from the activity of a temporarily admired boy friend. They turn to satisfaction from pretty clothes and hair ribbons and will dance for people at the slightest encouragement. Girls are likely to be more concerned than boys with caring for and feeding dolls and animals and younger children. Their coordination is often better and their superior skill in pastimes that demand fine muscle activity, like coloring, pasting, and cutting revives their self-esteem.

At this age boys actively seek out men with whom to strike up a friendship, to observe and imitate. Nothing gives them greater pleasure than to be allowed to participate with a man in some activity, even if their perseverance is short-lived. In like manner, girls enjoy sharing household tasks with women. Of course, this selection along sex lines is not carried out all the time, and a reversal of roles need not alarm a caretaker. In fact, girls in particular may need to direct group activity and to assume the principal male role for a time. In family play, roles are still indiscriminately chosen or assigned with frequent alternations.

By three years of age a child should realize that in the general hierarchy he is a child. He will tend to look to adults for protection, nurturance, recognition, affection, and control, as well as expecting them to maintain some degree of order and routine, stability and consistency. He will turn to his caretaker for reassurance and comfort for bodily pain and injury, as well as for the relief of fears and disappointments.

I think teasing and shaming should be kept to a minimum. In our experience with a day care center we saw evidence of its being very painful to the children, more often than we had known before. Teasing and shaming among the children themselves should also be controlled. Engaged in amiably at first, sadism easily creeps in.

Three-year-olds should be given every opportunity for independent self-care. They are proud to be entrusted with brief and simple, helpful chores.

In family-reared children, fears tend to become more frequent at this age, principally fears of the dark. These have been attributed, on the one hand, to the children's reluctance to being separated from family life and to being isolated in the dark, and, on the other hand, to the hostile feelings toward the parent of the same sex, and hence fear of him or her. Whether this reaction is to be expected in group upbringing will depend to a considerable extent upon the constitution of the group and particularly of the adults in each group, a point that is discussed below.

Four years old

By the time a child is four he is usually trying very hard to live in the real world and to shed magic or at least to keep it in its place. This often makes him somewhat boringly literal-minded. "Why" questions abound now; he so much wants to understand.

I have always been impressed by Nathan Isaacs' interesting contribution on this subject to Susan Isaacs' book, ***Intellectual Growth in Young Children.*** He comes to the conclusion that a child who is four to five years old is "already capable of subjecting his beliefs to revision." True these writers dealt with the highly intelligent children of intellectual parents. However, child care staff, or at least some among them, could from early on call children's attention to the fascinating sights and sounds about them. Isaacs' prescription for educators is "to bring within the children's immediate experience every range of fact to which their interests reach out" and "to stimulate the active inquiry of the children themselves rather than to teach." Children's thirst for knowing is endless.

We must not forget, however, that as Piaget says, there are adherences, "fragments of internal experience that still cling to the external world." Although the child looks for causes, "events frequently associated in his perception will be related causally, and more striking aspects of reality will be retained in contrast to less obvious properties." Piaget has demonstrated, at least with his particular sample of subjects, that morality and moral judgment at this age reveal complete submission to adult precepts and that extenuating circumstances are completely disregarded. Children up to seven or eight believe in concrete punishment in keeping with the magnitude of the crime.

Children of four have a real urge for companions. When well adjusted, they can make compromises to get along with them. Loyalty and helpfulness are well developed in normal children, and real bonds of affection are forged that outlast periods of mutual play. Younger children, however, and anyone who is scapegoated need adult protection, especially from boys who want to try out their power and to dominate younger or less aggressive children.

Playing out adult roles becomes a pastime that absorbs a great deal of children's time at this age. Children can be of real help assisting around the house and garden. When it comes to routine tasks of self-care, however, they tend to dawdle; their minds are far afield.

It is now that children enjoy creating something, in almost any medium. Sometimes they will divulge what their work represents but more often they mess up or wipe away their production as though concerned over betraying their secret fantasies. They draw a person now by using circles for the head and body, in contact with each other. Although limbs may be absent, these drawings indicate that these children have the conception of a circumscribed body image.

At this age children begin to talk about past experience. The staff can hasten the onset and usefulness of such generalization by calling it to the children's attention, by helping them envision a planned activity by recalling a similar one in the past. At this age, too, children begin to play with words and will discover that one word can have several meanings. Child care workers or teachers can encourage the too literal child to animate inanimate objects in play. To familiarize them with images, pictures, lotto games, more complex puzzles, and photographing of the children can be introduced.

A child at four is not as carefree and spontaneous as a three-year-old. Anxieties about the integrity of his body, absorption with sexual problems, and strong feelings of attachment to the parent figure of the opposite sex, which often trouble him and make him bashful, are complicating his existence. I am speaking, of course, of family-reared children. Masturbation is frequent and some sense of shame or guilt becomes attached to it, no matter how permissive the environment may be. As a result, fears are more frequent, as are nightmares. Eating problems may develop as a result of infantile sexual theories. Curiosity, voyeurism, exhibitionism, and sometimes quite aggressive sexual exploration may occur.

Boys will now revel in acrobatic feats and motor accomplishments, demand to be looked at, and proclaim their superiority. This is often a rough period for little girls, who will feel secure in their femininity only if the loved women who surround them feel secure in theirs and provide good models.

Boys too need models. In ***Children Without Families,*** Miss Freud and Mrs. Burlingham point out that the boys in their center who were three to five years old developed the various masculine attributes that are commonly thought to be due to imitation of a father figure, even though many of them had never met their fathers or lived in intimate contact with a man. As they report, "The children staged all the usual family games with changing distribution of roles and competed, as usual, for the role of father. The children made the widest use of every detail of real family setting that they could get hold of. The emotions of the family setting and the patterns of behavior which belong to them are latent in children and become manifest on every possible occasion."

I cite this book written twenty-five years ago because the Hampstead Nursery's experiment is, to my knowledge, the only group child rearing attempt that was carefully observed and described by persons with a sophisticated appreciation of early childhood psychology. The importance and place of males in the institution, and their relationship to the mothering figures, the ratio of children to adults and especially to males seem to me to be the most important question to be raised in relation to group upbringing of children two-and-a-half to five years old.

In relation to all that I have said, it is probably not necessary to note that these progressive acquisitions and changes are not completely tied to a child's age. Phases of development overlap, and all children relapse to earlier behavior when fatigued, emotionally upset, or ill. When children feel that the adults around them are strong, equitable, tolerant, and loving, they rapidly recover. Their controls, however, remain vulnerable and are dependent on their ties to their adult mentors.

Some Questions about Group Care

Why group care?

Now, to come to the questions I want to raise. My first question is why are we rather suddenly becoming interested in group care of children? Fully aware of the reasons that have been given (that some 6,000 homeless children are now in some inadequate form of institution and that foster family care has proven to be unsatisfactory in many instances), I nevertheless sense some more basic concern. In some circles there has even been an expression of concern that other countries have experimented with group care extensively and have made a number of impressive findings, and that we have fallen behind in an important new form of child rearing.

Whence this concern? Do we anticipate that industry will mobilize all our women, so that family life will be seriously curtailed? Or is there a subtle implication that individualism has to be curbed, that subordination of the individual to the group will be necessary if we are to maintain our present position among the world powers?

From another side, is it that the moral code that we have in the past upheld as being basic to family life is breaking down? Dr. Helene Deutsch reports that many adolescents are emotionally apathetic and suffer an oppressive sense of loneliness. She believes they are looking for release in group formation.

Might it be that we are slowly gravitating away from a family-centered society? Will modern man need to lose himself in the group, to have the support of the group in order to adapt to a universal order that will undergo frequent drastic changes? Has individual narcissism been pushed too far? Can man continue to depend upon himself alone?

I am not asking these questions to startle you or to have you rise to the defense of family life, which we have long been taught to think of as the cornerstone of civilization. Rather, in attempting to envision the Yale group's child care institution, which is to serve as a model, I realized that its director and staff would have to be very certain and sincere about the goal of their educational efforts. Would they be raising children who would later establish families and engage in the complex and often intense business of family life? Or should they anticipate a loosening of family ties and assume that group education will be the lot of a vast number of children in the future? The groupings of adults and children in the institution would be planned very differently, it seems to me, depending on the goal.

This idea was brought home to me particularly by Rabin's recent book, ***Growing Up in the Kibbutz***. He describes vividly the convinced socialist ideological unity of the kibbutz adults. In such an environment, group upbringing seems intrinsic. The staff, inspired by the ideals of common property and collaborative living, quite naturally bring to the children the elements conducive to this form of life. How can we, who do not share these ideals, raise children in institutions as we ordinarily think of them? Does our concern with attempting to do so betray an anticipation of change in the structure of our society? If not, why have we not looked to Sweden and to Austria with their Children's Villages for models? Why are we not bending our energies to do everything possible to improve foster care, to train and supervise foster parents, to increase and improve enlarged foster homes? And why have we not established a profession of child care workers to go into the many poor homes, where children are neglected, to work with the immature and/or disorganized mothers and supplement their care of the children?

Some alternative groupings

My next question concerns grouping. In making my proposals along this line I am assuming there will not be the major social change in regard to family life that I mentioned above. I am also assuming that the children are in an institution from the outset.

1. Might one find suitable adoptive families for these homeless children if the adoptive parents were assured that day care or even care for the entire five-day week were provided? This would be a bit like the situation in the kibbutzim in Israel, with adoptive parents substituted for natural parents. Dr. Rabin, who has studied the results there closely, writes that the multiple-mothering introduces some confusion into the infant's life and contributes to retardation in development during the first two years. By age ten, however, restitution has occurred, and kibbutz-reared adolescents seem normal. I felt that Dr. Rabin failed to give sufficient credit for this to the children's daily contact with their parents.

Of course, adoptive parents, particularly couples who would prefer to have their infants and toddlers cared for in a group by others, might not be as devoted and attached to the children as were the kibbutzim families. Nevertheless, this is one possible pattern that might be considered, mainly because it would provide constant parental figures for the children over many years.

In this connection, I might add that I think that there are a good many people who are not interested in small children and are poor parents to them but who would welcome children at about the age of six and seven and who would not necessarily be poor parents for older children.

2. If considerations of cost demand that all children be under one roof, one could consider family groupings. Five or six children of different ages would be under the care of surrogate parents, with the father going out to work or employed in some capacity by the institution. The family could have breakfast and dinner together and the children could sleep and play

in a series of adjoining rooms. At the appropriate ages, the children would leave for play groups, nursery school, or school elsewhere in the building.

The group could consist of a mother surrogate with four or five children of the same age, as was the case in the Hampstead Nursery. In that case how many men should there be as models for the boys? Probably a benevolent contact with a man to whom they can attach themselves is also important for little girls between three and five.

Since the children envisaged in such an institution would have no one outside with whom they would have a constant relationship, is it imperative that they remain with the same surrogate mother throughout the first five years? Since this is not always possible, could one prepare them for unavoidable changes in surrogate mothers? Perhaps there should always be a specific second person to whom they would relate from the start. Or can one expect the children to develop some sort of relationship to the institution as a whole, as to a home?

Can the ratio of one adult to four children be lowered to promote the effective tie that permits socialization and identification to occur?

3. If children are to be raised for family life, I personally cannot envisage accomplishing this with any group pattern that offers a less constant and enduring tie than we have in families today. Rabin's findings in Israel, however, lead him to say that ". . . the need for an exclusive dyadic relationship between mother and infant has been highly overstated; the lesson of flexibility in personality development is to be emphasized. Changes in pattern and changes in developmental trends and tempo, subsequent to the infantile period, need more emphasis and additional exploration." This statement, I think, requires very thorough discussion.

The possibility of multiple mothering between three and five also should be discussed, especially in terms of the kind of group life its advocates envisage.

Two policy questions

Now, my third question. In the absence of any philosophical or political ideology, can we suggest any other convictions that would give the institution staff a sense of integrity? One possibility has occurred to me. Since all of us probably have biases in favor of one school of psychology or another, I would like to offer for discussion the proposition that each institution guide its policy by only one school of thought (whether it be psychoanalytic, learning theory, behaviorist or other) instead of trying to combine the "best of each." This dedication to a specific viewpoint might give the staff the feeling of purpose and common belief that it needs.

My fourth question is whether institutions should aim at excellence for children along all lines or only along certain lines. Miss Freud has often emphasized the importance of developing all aspects of the personality, all ego potentials in children. Others put great emphasis on hastening cognitive development, on facilitating abstract thinking. In the kibbutzim, special talent is cultivated, especially in the arts. I wonder whether an institution should be geared to educate for excellence along all these lines or whether some are more important than others. Perhaps the staff should be satisfied to help these homeless children proceed along the lines of normal all-round personality development.

DISCUSSION

Aside from points that came up for discussion throughout the meeting and that will be reported later, Dr. Pavenstedt's remarks that provoked the most comments were those dealing with the reasons for the current interest in group care.

In this connection two historical points were made. On the one hand, the American family has changed greatly, and various innovations in modes of child care have already been made. On the other hand, the previous epoch in which group care for homeless children flourished was one in which the family way of life was much more stable and much more nearly universal than at present.

It was noted, too, that in talking of group care a distinction should be made between provisions for "the orphans of the living" (as children without families and children whose parents are considered inadequate have been called) and the other extra-family arrangements for young children that are increasingly being established. Head Start is the most publicized example of the latter.

For the first of these two types, new and improved arrangements have to be considered partly because of the pressure of numbers and partly because so many children who come into foster care have serious emotional problems. We have expected foster parents to take care of these children out of the goodness of their hearts, without sufficient training, orientation, or support. Part of what we are doing in considering an improved form of institutional care is recognizing that foster family care as presently constituted is not meeting the needs of many of the children whom child welfare agencies serve.

As to the second type, extra-family arrangements for rearing children from normal families, reference was made to the Children's Houses in the Israeli kibbutzim. Favorable results are claimed for this experiment, and it was thought by some that our institutions might benefit from the example. Others, however, and notably Anna Freud, were dubious that what has been learned in the kibbutzim can be applied to our child care institutions.

"Nothing could be more different," said Anna Freud, "than the position of the Children's House in a kibbutz and the position of a residential home for children in our world. The children who are cared for in the Children's House of the kibbutz are the most precious possession of the community. The children in our residential institutions are the rejects of the community. The Children's House does, however, illustrate a point made by Dr. Escalona: that children should feel that they are important persons within the family, that they are of vital importance to every member. The Children's House feels of vital importance to the kibbutz community. That's why it does not at all correspond to our child care institutions."

II. TWO INSTITUTIONS FOR YOUNG CHILDREN AND TWO EXPERIMENTAL DAY CARE CENTERS

TO GIVE the Conference an overall picture of the possibility and problems of operating group care facilities for infants and young children, four administrators were asked to describe their experiences, policies, and programs. Two of the facilities described were child care institutions that had been in operation for a long time, one of them for nine years and the other for twenty-two years. The latter was limited to infants under three months of age; the other served children aged three to eleven.

The other two facilities were experimental day care centers for infants and other young children. They were included in the program of a conference on residential care both because of their research orientation and facilities and because of their implications for programing the daily activities of children who are very young.

A RESIDENTIAL NURSERY FOR VERY YOUNG BABIES

HARRIET TYNES

THE NURSERY of the Children's Home Society of North Carolina operates in Greensboro. It is devoted to the care of babies until they are three or four months old. Concurrently we operate boarding homes to which we transfer the babies (about 9 percent of the total) who for legal or developmental reasons must remain with us longer than three months of age. In recent years we have admitted some babies to boarding homes as soon as they come into care if our nursery is too full. In other words, our nursery is one aspect of a statewide program geared to insure prompt acceptance of very young babies from anywhere in the State and to moving these babies from the nursery to an adoptive or foster home at an early age, as determined by the baby's situation and personal need. We have an ample supply of adoptive homes waiting for babies and are equally fortunate in the number and character of boarding homes available. Accordingly, we have no difficulty in moving a baby when he is ready for a change.

Our program is based on the assumption that the best place to raise a baby is in his own family. The objective of our nursery is to provide the best physical care for babies who do not have homes and to protect the babies' emotional development by giving them warm, personal mothering while they are with us.

All the babies in our nursery (and there have been over 3,300 of them in the twenty-two years that it has been in existence) are there pending adoption. With the exception of about 1.5 percent who are seriously retarded mentally, we expect to transfer all the babies to homes, and we must prepare them for that experience.

The nursery houses eighteen or nineteen babies at a time. We take in from 250 to 300 babies a year, and they remain with us for a mean of thirty-four days. About 80 percent come before they are two weeks of age; about half before they are one week old.

Components of the program

Whatever success we have had with our nursery we attribute to a combination of four factors: expert medical supervision; a staff of nurses and nurse's aides with capacity for mothering, as well as technical skill; a physical plant designed expressly for babies; and the supporting foster home and adoption program which enables us to transfer every baby whenever he is ready to leave the nursery.

Medical surveillance is provided by three distinguished pediatricians, throughout the area. They check on all of the babies, treat most conditions, and refer to other medical specialists or to Duke University and the University of North Carolina medical facilities any babies who require specialized medical care.

The babies coming to us are a little more frail than the average population. In 1964, for instance, which was an exceptionally healthy year for us, 6 percent had some definite abnormality of a fairly serious nature on admission. Among the more than 3,000 that we have accepted in these twenty-one years, we have run the gamut of practically all conditions known to infancy in the eastern part of the United States. As one of our pediatricians said: "You name it, and we've had it; not once but several times."

As to the physical plant, the nursery was

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constructed in 1958 solely for the use of babies. Its capacity is for twenty babies, plus two in an isolation room. There are six bedrooms, four of them containing five standard-size beds each, and the other two having two cribs each. We have found that small rooms created a more homelike atmosphere and encourage the nurses to individualize the babies in their care.

The inner walls of each room are of plate glass, so that the nurse standing at a central bay can see every infant. Heating and air cooling are provided separately for each room so that the air does not circulate between the rooms. Other modern means of keeping down infection are scrupulously observed.

The staff consists of three registered nurses, including the head nurse, and six nurse's aides. They work in eight-hour shifts, there being one registered nurse and two nurse's aides on each shift. These women give their full time to the personal care of the babies, except that the head nurse spends about half of her time in administrative duties. The nurses are free of all housekeeping chores and do not even prepare formulas.

In choosing the nursing staff, we are just as interested in mothering capacity as in nursing skill. We believe that our nursery program can provide adequately for the care of young babies only if the administration will recruit and support a staff of real nurse-mothers. The head nurse is, of course, the key person. Our head nurse, an experienced graduate nurse, has been with us for more than twenty years. It is she who passes on to her staff the basic philosophy of the administration, and it is she who keeps it alive.

For nurse's aides we have no set academic or training qualifications. We seek women who can respond readily and happily to babies, who think that babies are intensely interesting and lovable little people. So much for our background.

How the babies are cared for

Let me tell you next a bit about how we care for the babies. These are very young babies, a third of them less than two weeks old. I stress this because I find that most people, even technically trained, so often think of the responsive three- or four-month-old infant when we talk about babies. Such babies are very different from those who largely compose our population.

To start with a baby's arrival, the baby is usually about five days old when he is flown in from a hospital perhaps 200 miles away. The nurses know he is coming. They have received adequate medical reports about him. They have his formula and his crib ready and they have chosen his name. When he arrives he is greeted by the nurse in charge, who talks to him as she undresses him and puts on the soft garment that he will wear while he is with us. She gives him his bottle if he is hungry, and she puts him in his crib.

You do not need to be reminded that such young babies need gentle mothering and response to their expressed desires, and very little else except sleep. If they get too much stimulation they may become sick.

Each baby's day begins about seven in the morning, when he is bathed for ten to fifteen minutes and talked to. Our head nurse says, "It is at bath time that I ask a baby how he feels and he tells me."

She begins the training of all new nurses with observing a baby at bath time, learning to listen to what a baby has to say and to understand when he tells her something. I wish we knew more about how good nurse-mothers communicate with babies. I can only say that it is a reality with very young babies, and that for the older group it is as plain, almost, as if they and the nurses were speaking to each other in adult language.

At about three weeks of age, the babies clearly show that they thoroughly enjoy their bath time. After the bath comes a long nap. When the baby wakes, he will usually let it be known by a cry which the nurses recognize. One will go to him at once, pick him up, change him, shift his position in the crib or cuddle or rock him a bit. There is a rocking chair in every room, and there are cradle gyms and toys.

If the baby says he is hungry, the nurse will feed him again and will hold him while he takes his bottle. Following the bottle, he is usually diapered again in his crib, with a nurse talking to him. Then another long nap and another feeding, another diapering, and occasional talking to. This repeats itself at least six times during the twenty-four hours. The cue to what is done for the baby comes from the baby himself. He lets his wants be known, and the rule in the nursery is that he is king. This does not mean a baby is allowed to proceed without any guidance whatever, nor do we claim to be clairvoyant to the extent of never making a mistake about what a baby means when he cries. A week-old baby, for example, is not permitted to go on and on eating, as he might occasionally do, until he regurgitates everything. The nurses give a gentle direction toward a baby's accommodation to living.

We say that we feed babies on demand. As a matter of simple fact, most normal babies will "demand" every three to four hours. Therefore, there is a certain basic timing which applies in the nursery, but exceptions are always permitted.

The premature or otherwise frail baby or very young baby (and we have plenty of them) may not demand as often as he should. Such babies are occasionally wakened and fed if their development shows they need more nourishment. Sometimes a baby is hungry and asks for his bottle because his formula is becoming too weak for him and not because he doesn't like the schedule. A skilled nurse who studies the baby's functioning and his daily weight chart can understand his needs, readjust his formula or his timing, provide a little sugar water, and even contrive a pacifier for a baby less than a month old. We find that babies older than that usually discard a pacifier, but we occasionally give one to a baby who seems to want to suck something.

All this can be done well if the nurses know each and every baby, and not merely what a book says about the feeding habits of infants of a certain age or what an institutional regulation may require.

Babies begin pablum when they are three to four weeks old. They are held when they take this solid food, two or three times daily. When they have learned to eat well and weigh ten pounds or more, their bottles are "propped" in the crib. In twenty-one years of carefully watching the babies who are fed in this way, we have never had one seriously choke or otherwise show immediate distress. We recognize that this is not the only nor perhaps the important aspect of the bottle-propping question. We regard it as an unsolved problem in our nursery and so admit.

All babies are diapered when they indicate discomfort. We use from eighteen to twenty-four diapers per baby per day, and the bill is $2500 a year!

Multiple mothering

Shall we refer now to the multiple-mothering problem? At one time we were so frightened by the phrase that we tried to see that even week-old babies had only one mother person during each of the eight-hour shifts. It didn't work for us, and we have settled for what seems to us an adequate way of handling the situation in what is admittedly a nursery and not a home.

It seems to us that, for babies as young as ours, it is not so much the quantity or the precise source of the mothering which matters as its warmth and the baby's developing sureness that a comforting and protecting person will come to him.

Babies at different ages have a different number of mother persons. From 7:00 a.m. to 3:00 p.m. those who are from six to ten weeks old (and the occasional one who is three months old) are cared for by one nurse, Bertha. That came about naturally. All the other nurses simply decided they might as well give in to Bertha and let her have these babies. She bathes them, feeds them, diapers them, rocks and plays with them. They show that they know her, for when she picks them up they smile more readily than at the other nurses.

The remaining twelve to fifteen babies are younger. One or two may be premature; another especially frail or spending time in the isolation ward. Sick babies, I should have said, go to the hospital, but we isolate each incoming baby for a day or more, and occasionally put a baby with an incipient cold in the isolation room. The frail babies are always bathed by one of the graduate nurses on duty. During the day that nurse or an aide looks after most of their needs.

Now, about crossing over; that is, a nurse going to the aid of a baby in another room, even though he is not her baby and she did not bathe or feed him that morning. This happens frequently, and I shall not start worrying about it until some research proves that it is dangerous.

The nurses cross over for the best of reasons: because the babies ask them to. If a baby in Bertha's room calls for help while she is having a coffee break or feeding another baby, a nurse who hears him will go immediately to his aid. To tell a nurse that she may not assist a baby in this way, unless we can also give her proof of the danger to the baby, would outrage her motherly instinct and damage her confidence in our determination to put the baby's needs first. When forced to choose between crossing over and letting a baby wait, we cross.

The babies' reactions to care

Our nurses firmly believe that very young babies, even some infants three weeks old or less, are socially responsive to a tone of voice, that even at two weeks of age some smile when talked to, and that by three or four weeks most of them fix their eyes occasionally, with an expression which proves, at least to the nurse, that they are both observing and thinking about an object or person. The babies respond happily to the nurse as she talks to them. They love being rocked. They coo in the second month, and at about four weeks of age they show that they enjoy a little time in the rest seats which are provided for them.

The nurses are certain that even very young babies react with hurt feelings when a nurse's tone is impatient or when they feel neglected. For whatever it may mean to you, I will quote from a written description of bath time I recently received from one of our nurses. Verbatim it reads:

"We give them a little special attention then, and we usually get big smiles from the babies three or four weeks old. One day I told a little girl five days old how sweet and pretty she was. To my surprise she smiled all over her little face. I do not like to admit this, but it is true and I should tell you this. I told a little three-week-old girl that she would never be a beauty queen and she cried."

We do not offer this as scientific evidence of anything but we insist that it is of inestimable value to a baby to be bathed and mothered by a nurse's aide who can make a statement like that and believe it. Nurses are human beings. They need to believe they get some response from the babies they are caring for, and we don't discourage it.

The staff firmly believes that most of our babies begin to differentiate between people when they are between six and nine weeks of age. Certain babies respond to the nurses who help them most often. Most of them show that they know the difference between a nurse and a caseworker, and they prefer the nurse.

Our babies copy facial expressions and are encouraged to do so. As soon as one begins to move his lips as an early step toward speech, a nurse will try to teach him to hold his tongue between his partly opened lips. Many babies by six weeks of age will imitate this action when a nurse asks for it. Some show that they particularly like to hear one of the nurses whistle to them. (We trust this is the beginning of musical education.) They like to watch the orderly as he cleans the floors. One of the convictions borne of our experience is that even very young babies begin to build a sense of trust, of confidence that when they ask for help they will get it from a white-clad figure who will deal with them gently.

Many years ago, when we were placing babies for adoption a bit later than now, we had an experience that you can probably interpret better than I can. All of us on the staff had dealt only with boarding home babies that we placed in adoptive homes. So when the time came to begin placing directly from our nursery, we asked the old question "How will the baby behave when he sees his new parents? Will he cry? Will he be upset and upset them?" We began to see that we need not ask the question, for the babies from the nursery never cried, even though they cried readily and lustily in the nursery. We wondered about this.

We are also interested to note that even very young infants respond consciously to the physical environment. Mothers know that babies object to a change of crib. We note this uneasiness in babies from four to six weeks of age and older. Some babies show unhappiness when moved to isolation rooms even if they use the same crib. We wonder whether emotional stability may be associated with a baby's feeling of continuity of environment—same crib, same color of wall, same patch of floor, same angle to look at the sky through a window, etc. We know that older children need to be rooted in place as well as in the affection of people, and we wonder how soon this need develops, and how it can be balanced with the need for a growing variety of sensory experience.

Early recognition of symptoms

Now I want to mention why we feel that week-old babies need constant and close observation by a skilled person. The baby who goes back to his own home from a hospital has mamma and grandmother hovering over him, and he needs it. We want somebody to hover, too, and we prefer that the hoverer be a trained nurse. A trained nurse will sense the very first signs of trouble and thereby save a baby from the traumatic experience of illness or lessen the severity of the condition if it develops.

Not least important in this early recognition and treatment is the confidence a busy pediatrician has in the judgment of a nurse he has learned to trust. He does not hesitate or temporize when she calls to say that Baby Sue needs his attention. He sees the baby and begins treatment that day or even that hour. Too often, when a lay person is caring for a baby, she either does not recognize early symptoms or is hesitant about calling a doctor. Still further delay may result from the physician's natural uncertainty about a foster mother's judgment and whether it warrants his intervention. This is not said in any criticism of doctors or foster mothers; it is simply, I think, the nature of human nature that it works that way.

What the administration does to foster mothering

But professional, technical nursing skill is not enough. I won't go into detail, for all of you believe, as we do, in the absolute necessity of mothering. I would like instead to call your attention to what we believe is the contribution that administration must make to be sure that nurse-mothers can fulfill that function. Most nurses have a warm, motherly instinct. When it is not fully brought into play in contact with babies, the reason may well be that the nurses are overburdened with work or oppressed by rigid schedules which leave no time to cuddle, to talk, or to listen to babies. We believe it is the duty of administration to find women who want to do this kind of work and then to support them in it.

This support may take various forms in addition to protecting their time and energy. For many nurses, it simply means to be let alone. Mothering is such an individual, spontaneous matter that each woman should perhaps be allowed to work in her own natural way of communicating with this nonverbal little being who is in her care. Certainly, she must be unhurried and she must be gentle, and there must be warmth of tone and a way of conveying her own personal enjoyment of being with the baby.

The nurse needs to be encouraged in other ways, too, I think. She needs to be sure that the administration is as proud of her mothering, of the way that she shows her mothering of the baby, as it is proud of her other skills.

I have referred to the pleasing appearance of our nursery and to the pleasure the staff take in hearing it complimented. Helpful too is their natural feminine delight in having a closet full of exquisite little dresses and blankets ready to use for the babies when they take them to the doctor or when the baby will see his prospective parents for the first time. These and other seemingly unimportant aspects of the program help change an aggregation of people serving cribs into motherly women, in a pleasing setting, caring for babies.

When babies leave

We have been asked whether our nurses suffer acutely when the babies leave them for adoption. I can only answer in the words of the head nurse, who gave this reply long ago when an adoptive mother asked her how she could bear to part with her little boys and girls. "Never," Mrs. Lowe said, "since we had a little girl who was totally blind and I feared she would never find a home have I been really sorry to see a baby go." In other words, the nurses are mature people who accept the fact that their service is tremendously important to their little charges but that it is transitory. They share our basic purpose of helping each baby move to his permanent home and his permanent parents.

Care is taken to involve the nurses in the adoptive placement of the baby. They always know twenty-four hours ahead of time when a baby will leave. They delight in selecting the dresses that will be most becoming. They pretty up the baby to see his new parents, talking to him and telling him about what is happening and how he must behave. Later, when pictures and photographs of the babies come back to us, they are shared with the nursing staff, as are the many stories and letters about the children.

At least one nurse sees each adoptive couple at the very last of the adoption procedure. She tells them about the baby, how to make the formula, how to keep him comfortable, and what his habits and preferences are.

In conclusion

In closing, I hope you will believe that I have tried to picture accurately what goes on in the nursery. I must certainly add that all is not perfect there. We have our ups and downs, a few days and some periods during other days when the nurses are more than usually busy and the babies react with unwonted tension. We have not been able to provide continuity of care for all of the babies. Occasionally there is a baby who shows that he simply doesn't like nursery care. We give him a lot more rocking and attention than the others get, but sometimes even this is not enough and he should be transferred. Sometimes such a baby doesn't settle down in his new home for quite a long while.

In spite of these and other recognized deficiencies, it is the unanimous opinion of every doctor, nurse, and social worker who has studied the nursery (and most of them came with much prejudice against it) that the care provided there more adequately meets the physical needs of the very young baby deprived of his parents than does any other method available to us. It also provides adequate emotional safeguards. Moreover, and of primary importance, the babies are moved to their permanent homes several weeks earlier than they could be safely placed from any other program available to us. The babies must remain with us for thirty days under the North Carolina law.

What are the long-range results in the lives of the nursery-started children? We would give much to be able to answer that question with real research but we can't. For whatever it means to you, I offer the following facts.

In the past twenty-one years we have sent more than 3,000 children from this nursery into homes in our State. We keep in touch with each adopted baby for thirteen months after he is placed, and we hear from a large number over a period of years at Christmas time and on other occasions. We are aware in a very general way of what has happened to hundreds and hundreds of the children: their health, their development in school, in the family, and in the neighborhood. Our pediatricians meet their fellow professionals all over the State and receive their comments, as do the seventy members of our board of directors and our statewide staff. So far as we know, the development of these children has been normal for any cross-section of American children placed in relatively advantaged homes. We have no reason to think otherwise.

We cordially invite you to come to see us at any time and to consult our records. We welcome research and suggest that this group of children, now of all ages, placed in the relatively stable and still largely rural homes of North Carolina, offers an unusual opportunity for research.

AN INSTITUTION FOR YOUNG CHILDREN

JOSEPH GAVRIN

THE CHARGE that Dr. Provence gave me for my talk was to tell how we organized the residential program at Abbott House, what problems we encountered, and how we tried to solve them. I have decided to list many points briefly rather than to expand upon a few. I talk to you as an administrator rather than a research person or a practitioner, although I have interest in both of these types of activities.

The start of the program

When in 1957 we started to set up our institution for children two to six years of age, we were very much on the defensive, very much aware of the strictures against group care. A lot of people criticized us and criticized the city and other groups for encouraging us to go ahead. We read everything we could get hold of—Miss Freud's material, Spitz, Bowlby, the others—and began to make a distinction between the problem of maternal separation and the problem of deprivation. It might be possible, we thought, for children to endure separation if they were not deprived in other ways and had a chance to act out their feelings about separation.

We were limited in both physical plant and money. The building had been used for the care of children recuperating from rheumatic fever. We were given the use of three wards and were told we could spend $7 a day per child. Just how unrealistic this was you will know when I say that now it costs us about $22.50 a day. We had no money for extensive renovations, even though the plant was old. So this was what we started with, for forty children between the ages of two and six years of age.

We were handicapped in another way also. We were not starting with undamaged infants or with children who had recently lived at home. The children we were initially to serve had been staying in a "shelter" for rather long periods of time.

In view of these disadvantages, we tried to provide everything possible for the children—sort of like the new father when his wife comes home with the first baby. The staff eagerly awaited the children and received them with pleasure: a running start on good morale that has continued. We tried to have the right-size space for the children, depending on their age. The youngest, the two to three year olds, had their own kitchen and their own porch. We made a mistake with the oldest, the five to six year olds, by giving them a space that was much too large. We thought it would be good to give them a lot of play space but it was much too overwhelming. This and some other early mistakes reflects the relative lack of knowledge about the group dynamics of two-and-a-half to five year olds.

We decided from the very beginning that the children were to have a lot of mobility and a lot of freedom. All the children went out to shop for new shoes, dresses, and coats, for example, as soon as they came to the House. There were no sides to the beds of even the very youngest children. The beds were low, so if they fell out, they fell out. They had freedom of movement, and we encouraged them to explore.

We had an unexpected advantage in the fact that there were older children in the House in a different kind of program. Because they had a good deal of interest in the younger children and wanted to help, we used them, particularly in the beginning, to help feed the children, to help prepare the space for them, and the like, and this worked out nicely.

From the very beginning, we planned on having sibling groups, and we have continued that practice. Now that we have 107 children and the upper age limit has been raised, we have some families of six and seven. We were not quite prepared for some of the disinterest that siblings showed in each other after the first few days. We learned, however, not to be fooled by this seeming disinterest, which we found came from the older children's fear that they would be saddled with much responsibility for the care of their siblings. We now know that having his brother or sister with him is important to a child. Sometimes this shows up only negatively; that is, in the child's suffering when the sibling is not there rather than in overt joy when he arrives.

Staff and facilities

A brief word now about staff. Our regular staff consisted of young child care workers, most of whom were college graduates. When we started the new program we brought in some older people, thinking this would be good for the children. But this didn't work out well. The older people couldn't keep up with the children physically, and they were not flexible enough in terms of accepting variations in behavior. In addition there were too many differences of opinion between the older and younger people as to how the children ought to be treated. Nor did the older people do as well as part of a team. They didn't want to write reports. They didn't want to be involved in decorating the living areas.

We also found that too young a staff was not good either. The happy medium seems to be staff between 21 and 27 years of age. I don't say that this is an absolute rule. It may partly be because our agency has a particular style, as all agencies do. People of this age fit in best with the kind of people that the rest of us are.

From the very beginning we had some men on the staff. The general idea was that the children need male models. On the whole this has worked out well. We have had some problems, of course. Some of the men didn't quite know what to do about care of little children. We solved that by freeing them of some of the routines of bathing and the like and making them the "fix it" people, the people who do the driving, take the children on shopping trips, and so on.

We also very quickly moved into the use of "specials," an idea that came in part from reading Miss Freud's material. By a "special" we mean a person who has special responsibility for two or three children. We introduced this idea to the children as well as to the child care workers. This has served not only to help the children; it also has given the staff a kind of vitality and spontaneity, a feeling that there are children they may be more interested in than in others, and that this is all right.

There is a problem here, however, which we have never been quite able to solve. How much interest in particular children should be encouraged? Obviously, quite a good deal. But since there is not going to be continuity of staff, and there is not even going to be continuity of children (children go other places; other plans are made for them) you don't want to repeat the separation trauma over and over again.

We have had a nursery-school-kindergarten type of program from the beginning. It runs from nine until noon and for an hour-and-a-half in the afternoon. We use this as a release for the children from group pressures and as an opportunity for playing out some of their impulses and fantasies, such as those dealing with why they were separated from home. It is also used, of course, as an opportunity for cognitive growth.

We have not tried to make the institution a home or a family, since that would be a fiction the children would easily perceive. We can make the place homelike but we can't mimic a home, if only because six or eight or even four children of the same age don't normally live together in a real family. One possibility would have been to have siblings live together. This we would like to try but, because of our physical settings, we have not yet been able to.

Staff-child relations

We want the children to feel that they are getting a good deal in the way of mothering and caring but, at the same time, that they are free to express a good deal of hostility towards the staff. This they have done, and it has created problems for the staff, as when a child says, "But you are not my mother," and ten minutes later asks, "Will you take me home with you?" We try to help the staff in different ways, especially through conferences between the various disciplines and by providing group workers to supervise the child care workers.

We need to know more about the extent to which staff should consciously step into rather than avoid the kinds of problems and fears the child faced at home. It is usually considered a good idea, particularly with older children, for the child care worker to avoid being put in the same position as the parents vis-a-vis the child. But with younger children I am sure that at times you may actually, for therapeutic reasons, have to re-create the parental situation; otherwise the child may never live out or get rid of his feeling of rejection.

We have had a number of other psychological problems. One is the difficulty of avoiding casual overlove by nurses or others with whom the children might have only a peripheral or ephemeral contact. The children are allowed to roam rather freely through the building. They are young and cute and everybody wants to pick up and fondle them. This is all right up to a point. But we want the child's basic relationship to be with his child care worker, particularly with his special child care worker. So we had to learn how to deal with the feelings of the rest of the staff. We said to them, "Don't pick up a child unless you really know him, unless it is functional for you to pick him up. If he is ill and you are nursing him in the infirmary, then it is O.K. But if you meet a child in the hall, don't just jump in and pick him up. Don't act as though you never saw him before but, at the same time, don't keep giving, giving, giving, and thus preventing him from building a real relationship with some one particular human being on the staff."

Then there is the question of the proper balance of formal and informal relationships between the children and various types of staff members, such as porters and kitchen staff. You have to be careful what the motivation of the porter or kitchen man is. He wants to make friends with this little four-year-old. Sometimes it is healthy; sometimes it is not.

Problems of continuity

There is, of course, the basic difficulty of maintaining continuity of staff. We have had a fairly low turnover. The average child care worker has stayed one-and-a-half to two years. An average, however, hides the fact that some child care workers stay only three or four months. It can happen, therefore, that a particular child may have many changes of workers, while another has very few. I don't know how you solve this problem but it certainly is one that has to be faced in any kind of group care setting. It brings with it, of course, confusion in identity, confusion in ideas of self-worth, since part of what gives a child a feeling of self-worth is that the mothering person is constant.

We have also had to wrestle with the problem of how much contact a staff person should have with a child after he leaves. Usually contact tapers off by itself. We have allowed staff who have left for good reasons (and most of them do) to write but usually not to visit, since visiting confuses the youngsters as to why the person left. If the person left to be married, we try to have the children she has cared for go to the wedding or at least meet the husband-to-be.

We have never successfully solved the problem of what to do when a child goes to another agency. Most agencies do not want children to retain contact. We feel this is rather bad. What does a child make of it?

One of the ways in which we have tried to deal with this problem is by making a big thing out of leaving Abbott House. The children know this. We buy the child a little suit case, in which he can put all his possessions. Whether this works well or not, I don't know, for we have little information on what happens to our children after they leave or how well they do later on. This means that we put many things into the program on faith and never really know what the results are.

Another problem is the effect on children of having other children moving in and out. We have some children who stay for temporary periods of time, sixty to ninety days; we have others who stay for six months. Some stay two, three, or four years. What does it mean to children when some go and they stay on? It is painful. There is no doubt about that. But what the long-range effect may be is something we do not know. There seems to be a tendency for children to go through a kind of mourning period when other children or staff leave. Some of the material on mourning has been useful to us in in-service training, both in handling the attitudes of the children and in recognizing the fact that the feeling is there. Staff people, too, feel a sense of loss when a child who has been with us for two years leaves for some other place.

Another problem that we have had to wrestle with is how a child is affected by the uncertainty on our part as to what is going to happen to him. We are somewhat in the situation of a parent who visits his child in a hospital: we are relatively powerless. We cannot altogether control the fact that a court may say a child may go back to his mother or that the department of welfare will tell us there is space in another agency for this child. This problem is complicated by the fact that we are an intersectarian program. It is much easier for us to "hold on" to Protestant children for casework reasons (if I may put it that way) than Catholic children, for Catholic agencies are apt to want to move children of their faith into one of their own institutions. We have had some fights about this. Sometimes we won and sometimes we didn't.

Role of the child care worker

Another question we have considered is what role is the child care worker supposed to play? I wouldn't say that we have completely solved this problem. The child care worker's role is something like a parent's but it is not a parent's. A child care worker also has to be a teacher, has to be a confidant, has to be a friend. We would like to see more practice-oriented research on this question.

In inservice training we have used a kind of amalgam of early childhood theory, child care theory, psychiatric theory, and ideas from language development and education. We especially need to know more about language development, for most of our children come from what might be called nonfamilies, where they haven't had much by way of communication. We are in a position to try to help them develop language and to develop concepts. We try to encourage table talk that is something like that which takes place in a family. But, of course, it can't quite be done, for we can't tell about the neighbor next door or Aunt Jenny's visit. So the children's experience necessarily is somewhat truncated.

Overall aims

In general, what we are trying to achieve is four kinds of comfortableness for the children. Our goals, as we have put them, are simple. We want the children to be comfortable with themselves, with their peers, with adult authority, and with the learning process. Perhaps we can achieve these aims and perhaps we can't.

Part of the dilemma that I think affects the whole field is what kind of individuals we want the children to become. We are rather clear on the negative side. We don't want them to be like their parents, in that we want them to be able to bring up their own children constructively and relatively permanently—something their own parents have not been able to do. But what kinds of individuals are able to do that? Can mature individuals do it; that is, people who are able to plan and to postpone immediate gratification and so forth? Some mature individuals seem not to be able to bring up children properly, and some immature individuals are able to do it. I don't quite know where we go with this question but it's another area in which there should be more research.

To come back to the cognitive side, we recognize the crucial importance of the ability to learn to absorb education as it is given in our society. If we cannot make the children comfortable with the learning process, we may defeat our other three aims. Educational failure is not only self-defeating; it also creates cumulative and progressive pathology. A child knows when he is failing in learning, and this affects and infects his whole idea of himself. As a professional group we need to know more about how to help so-called deprived children learn, as well as what goes into cultural deprivation.

One other question that comes up for discussion among us is whether the tone and quality of caring is more important than what specifically is done. It is our opinion that the children have to feel our concern for them. But the way in which Jenny Jones' child care worker shows her concern need not necessarily be the same as the way in which Sally Brown's child care worker does it. People have their own style.

We have to be able to develop a sense of community among the staff and children. This is something that we have consciously tried to do at Abbott House: to create the feeling that both staff and children belong to the House. This is partly out of our basic belief and partly as our answer to the problem of how to maintain continuity in spite of change of staff. The children are taught and learn that their home is Abbott House, that this is their address. They are helped to develop a sense of identification with the particular group in which they live: that they are South Central children or Junior Boys children or whatever the case may be.

I would not say that this is always successful. And of course our particular experience is skewed a bit by the fact that we have had rather a remarkable degree of continuity among the key staff. We had the same person as director of the early elementary school from 1957 until June 1965. We have had the same supervisor of some of the dormitories since 1959. My assistant and I have been there all the way through, and this is also true of a number of other people, particularly on the nursing staff. We have tried to create a kind of community. But when it comes to trying to develop or make clear what sort of community one should strive for, I find that we have very little that is clear to go on.

Siblings and parents

A final word about sibling groups. This has become more and more important to us as time has gone on. To keep sibs together is something group care can do that other kinds of care possibly cannot do as easily. In this way we can maintain the part of the family that is still maintainable. The mother and father are gone. The mother may come in and out at different points, but the father generally is not around at all. If the children are encouraged to think of themselves as sisters and brothers, encouraged to believe that they will be enabled to stay together and always be able to relate to each other, then they are given some kind of substitute for lack of parents. This is not too different from what used to happen when there were many orphans.

I am not antiparent by any means but there are some parents we would like to get rid of, and yet we cannot get rid of them. One kind of parent is the one who visits fairly regularly, whom you can reach on the telephone, who visits when the child is ill, and so on. That kind of parent is fine. But there are parents who visit about once in nine months, who come drunk, who come with paramours, etc. This does something to the children and it does something to the child care workers, for the child care workers are powerless to do anything about it.

It certainly is important for the caring person to feel that she or he can protect the child. Unfortunately, we often are in a situation in which we cannot protect our children from adverse environmental influences. We can't always protect them against these destructive kinds of parents or against what other agencies want to do about moving children elsewhere. I feel that as a profession we should think *through more clearly* what we want of parents who actually cannot do a parenting job. Under what conditions do we want such parents to maintain contact? Under what conditions would it be better to have them not maintain contact? When should we be forceful in moving to terminate the legal right of the parent to visit?

The New York Welfare Department has been reluctant to do anything about this. They say that if a child is not adoptable it is no favor to him to take away his legal family. I cannot go along with this. The fact that the child is not adoptable does not seem to me to be sufficient. Most of the children in foster care in urban centers (Negro and Puerto Rican children) are not likely to be adopted but they still need to be protected permanently from nonparenting, psychologically destructive parents. This too is a problem with which group care programs must deal.

Is group care the answer?

To sum up, then, I believe in the possibilities of group care on a differential basis. It would be bad if group care were to be used as a substitute for other methods of trying to solve the problem of uncared-for children. We should consider a negative income tax or a guaranteed minimum family allowance. We should consider subsidizing adoptions and subsidizing relatives to care for children. Many of these things should be done in order to reduce the size of the problem. Whatever we do, however, there will still be a number of children who will have to be in some kind of foster care. Group care can be at least relatively decent and relatively good care if we go about it in the right way. I hope this Conference will be one step toward identifying the research we should do in order to know better which children should go into group care, which elements of group care should be enhanced, and which should be minimized.

A DAY CARE PROGRAM FOR FOSTERING COGNITIVE DEVELOPMENT

BETTYE CALDWELL

THE CHILDREN'S Center, an experimental day care center, is located in Syracuse and operated by the Upstate Medical Center of the State University of New York. It is only about a year and four or five months old but, even so, we are pleased to tell you about our plans and our experience so far.

Dr. Julius Richmond and I got into the group care business by the back door of research. We were interested in how children learn and develop and whether one can influence the development favorably, especially with respect to cognitive development. Furthermore, we had a strong suspicion that if we were to influence that development favorably, we had to begin early, within the very first year of life.

In 1963 we had started planning a longitudinal study of early learning and patterns of family care. We wanted to follow the same group of children from about the first month of life up to age three, our reason for stopping there being more fiscal than philosophical. We wanted to concentrate on children from low-income families, partly because these are apt to be high-risk children from the standpoint of later learning disorders. The children were to be divided into two subgroups. One of these would be an observation group and the other a group in which we would intervene in the hope of facilitating development. Our means of intervention was to be a highly individualized and target-oriented parent education program.

Without going into more detail about this plan, I can cut my story short by saying that after much work on this aspect of the project we suddenly lost our nerve. What hope could we really have of effecting major changes through parent education, we asked. So we began to explore alternatives. What could we do? What should we try to do? Since we think we know some of the things that are important for parents to do, couldn't we put these ideas into effect better if we dealt with the children directly? In other words, would it not be better to design a learning environment for children on the basis of what we think we know about what would be effective in fostering children's cognitive and overall development?

Once we got into the business of designing an optimal environment for young children, I found myself really pushed against the limits of my philosophy. I feel that in some respects we have been too glib about saying, "Let's do this," without saying, "Let's do it for what immediate ends and what ultimate ends." However, we decided that if we were willing to make recommendations to parents we should be willing to try to put these principles into effect ourselves. So we decided to try.

Guidelines

1. In setting up a group care program we felt that the first question to be faced was how to minimize the hazard of possibly weakening the mother-child tie. Of course we did not want to do this, though it may be what one perhaps has to do in an institutional setting. We decided, therefore, that we would limit our population (all of whom were to be under three) to children of working mothers. Until we had some evidence that we would not be doing harm to the children, we felt that we should accept into the program only children who would be in some kind of substitute care regardless of our decision. We subsequently modified this policy somewhat. We now have quite a few children whose mothers are not working but who are in a training program or who are judged by referral sources to be incapable of either working or being trained. These are children who come from really deplorable family and social circumstances and have been referred to us by social welfare agencies.

2. A second guideline on choice of children was that we would not take any children under six months of age. Our reasoning for that was that we did not want to take children before they had had ample time to establish a primary emotional relationship with their own mothers. There seems a lot of research evidence that by six months of age a baby does react differently to its own mother than to other persons. There is some companion evidence to suggest that, once such a relationship is established, it can be sustained in spite of various sorts of adverse circumstances.

3. A third guideline was that we would keep to a ratio that was never below one staff person to each four children. Actually, now that we are involved in various sorts of training programs, the ratio is usually lower than that.

4. As a fourth guideline we decided we would select as caretakers only people who, whatever their professional background, knew something about infant and child development. We have hired some people from nursery education and some from nursing, and some who had no professional training but who had considerable experience in caring for young children. We have been very fortunate in finding people who seem to understand children and who have open minds. The latter is an especially important criterion in a research operation.

5. The fifth guideline was that every person who was hired would have to be able and willing to do at least two jobs—such as taking care of babies and folding diapers, taking care of babies and preparing formulas, and so on. We considered it essential to have this versatility of roles because of staff absence from time to time. We started out with considerable concern about continuity of care (the same person available to the child throughout the day) but soon realized that this is unrealistic. Now we are content to have one adult in each group who is available all day, with other part-time personnel overlapping on dual shifts. The children seem to perceive the multiple roles that have to be played by the individual staff members.

   Because we don't have enough space for the program, there is no place where the children can go when they want to get away from all of us. But we do permit the children to leave their groups when they want to. For instance, it is not at all uncommon to see a baby or a child sitting in the lap of a secretary and playing with the typewriter. We permit children to roam quite freely, as long as they tell their teachers where they are going. By this arrangement, the children, hopefully, gain some idea of the multiplicity of roles played by the people who at other times are devoting all of their care and attention to them as individuals.

6. Another guideline that we follow is to provide full medical care for the children, including well-child care. We have a pediatrician on the premises part time. In addition, a careful study of the spread of infections in groups of small children is being carried on by Dr. George Lamb. The findings of this study will be important for future projects involving any type of group care for infants and toddlers.

7. Our seventh guideline is that the program should be describable. It is so easy for a label to get attached to a program, and then to have the label held responsible for what the program is. It seemed to me most important that we be very conscienticus about describing what we do in our daily regimen. If we fail, let people at least be able to know what it was that didn't seem to work out well. If we accomplish something, let people also be able to look at it and say that these are things that seem to be associated with x, y, z kinds of changes in the children.

   I think this is particularly important to keep in mind because of today's renewed interest in nursery schools. This is not the first dance to the tune raised by this problem. Back in the thirties there was a tremendous flurry of interest and research in whether nursery education raised the IQ. Whole books were devoted to the question. The debates were always about whether nursery education does or does not have certain effects, with no attention being paid to the nature of the nursery education itself. It was assumed that nursery schools were all alike, and, of course, this was not true—then or today.

Aim of the Center

The basic aim of our Center is to provide what is regarded as the highest quality care for young children in an atmosphere in which a young child can both be happy and develop well. Since the Center is to be a laboratory for the careful exploration of creative ideas about ways of fostering optimal child development, we regard it as premature to crystallize our thinking now and so to imply that further planning is unnecessary. Nevertheless, we can say that our objective is to plan so that every event arranged for a given child will be directed toward the task of helping him to become maximally aware of the world around him, eager to participate in it, and confident that what he does will have some impact on it. In other words, the programed environment will attempt to develop powers of sensory and perceptual discrimination, an orientation toward activity and the feelings of mastery and personal accomplishment which appear so essential for the development of a favorable self-concept. Methods of accomplishing this will vary with the characteristics of each child. One important task of the staff will be to discover which of the aspects of the environment that they have under their control will accomplish these objectives with particular children.

In spite of the apparent formality of this statement of objectives, we place a great deal of emphasis on naturalness in reacting to the children. We feel that what comes naturally with young children is what must be followed and built upon. Certainly, the kinds of people we want in the program are those who love to have a baby babble and talk to them, who are not a bit afraid of sounding silly in responding, and who can do this with verve and vivacity.

The Program Model

As to our model for the program, I would say that family life is our model but that prevailing family patterns are not necessarily our guides. Actually, we have a sort of three-fold model, broken down into the areas in which we try to exert influence and what this involves on the part of staff participation.

1. The first area of influence, which we feel is extremely important, is that of the personal-social attributes of the children. By this we mean the development of a sense of trust, a positive self-concept, feeling good about life and one's self, achievement motivation or a sense of mastery, and the development of social skills. (Under the latter heading we include veneer skills such as "manners," which I think are especially important for very disadvantaged children.) Curiosity about the environment, being able gradually to delay gratification, and being able to carry out behavior independently: these are some other personal-social attributes we aim to foster.

The means of exerting influence in this area has nothing to do with the specific events put in the program. If there is any programing in this area, it is a programing of the response of the staff to the children. It is what the adults do with and to the children. This is what is important in developing a sense of trust, interest in the environment, curiosity, and so on. It involves, in short, the total learning atmosphere, not any specific activities that might be carried out.

2. The second area of influence in our model we call cognitive functions. We mean by this term such things as learning to listen, to watch, to look at, to attend and see things that are there, to classify, to count (not one, two, three, necessarily, but "more than" and "less than" and "bigger than" and "smaller than") ordering and classifying, coordinating and relating, conceptualizing, forming learning sets, solving problems, speaking, writing, drawing or whatever other kinds of graphic activities are appropriate to a child's age. Such functions are, of course, the very essence of the child's cognitive development and represent the necessary foundation for later academic success.

We think these are areas in which the learning environment must be programed. By that I mean that specific learning activities should be arranged that will permit corrective feedback of information to the child. Again, in order to do that, you must program the adults in the environment.

3. The third area of influence we refer to simply as "breadth of experience." This includes words, experiences, and events—the enrichment part of the program that is so often talked about today. We make the assumption that there are some things that are better for a child to know than other things. While one is in the process of enriching him, one might as well enrich him in areas that are likely to have immediate and positive influence, that will feedback to developing the personal-social attributes mentioned earlier. If a child learns skills that are relevant to his daily life, he is going to feel good about himself. People in his environment are going to be proud of him, feel good toward him, react well toward

him, and the whole system will continue as a reciprocating mechanism.

The Program

This then is our model for the planning of the program. Now I would like to describe briefly some of the things we actually do and report briefly on our results to date.

The most characteristic statement that can be made about the daily program is that it is individualized. In the baby group, for example, we try to arrange it so that not all the children sleep at the same time. We may have four babies down and four up at any one time, so that the group is not really eight babies in a ward, as it were.

For the two older groups, once each morning and once each afternoon we have what we call a structured work period, a period which, for the youngest children, may not last more than ten minutes. It may involve any of a great number of activities ranging from formal learning games, such as "lotto," to a seemingly casual beanbag game. However, even the latter will be slightly structured so as to help the child acquire additional language skills as well as have fun at the game. For example, around one of the holes in the gameboard might be drawn a picture of a lion and around the other a horse. The children can be encouraged to "Throw the bag at the horse." Similar choices might involve different colors, different positions (right, left, top, bottom, middle), different hands ("Throw with your left hand this time"), etc.

In our threefold model of areas of influence —personal-social attributes, cognitive functions, and breadth of experience—the first and third are more easily planned for. Good teacher training prepares child care workers to respond to children in ways that will hopefully foster the acquisition of the personal-social attributes we are seeking to foster. And any creative teacher has many ideas about the kinds of experience which a young child needs and in which a low-income child is likely to be lacking. Planning learning experiences for the very young child which are oriented toward the specific cognitive functions appears to be a little more difficult.

The compromise we have worked out temporarily involves selecting certain topics on which to concentrate for two to three weeks at a time. Exhibits, activities, field trips, selection of books are all chosen to fit in with that topic. Care is taken not to saturate the child's interest in the topic, and there are many periods throughout the day when he is completely free to select anything he wishes to use in his play. However, we do try to highlight the chosen topics by means of the arrangement of the rooms, prominent displays of certain related toys, etc. This is done to encourage the child to reproduce and use in his spontaneous play any of the skills and new learnings which the structured part of the program might have fostered. In addition, this one general content area will provide the theme for any planned activities directed toward the specific cognitive functions. Prior to the launching of any new topical unit, we try to specify the goals of this unit for the children in the different age groups, and teaching activities are planned accordingly.

An illustration will perhaps make this clearer. The first such unit that we developed was called the Self. The goals of this unit for the infants were quite simple—to have the babies learn to recognize certain words that identified parts of the body and perhaps even to say one or two. For the older children we hoped to help them become aware of the functions of different parts of the body, to acquire and properly use labels to identify different body parts, and to have a general appreciation for the wonderful bit of human machinery he had at his disposal. Also it was hoped that developing more awareness of the self in an atmosphere of support and warmth would be conducive to the development of positive feelings about the self—one of our fundamental program goals.

The staging for this unit was very simple, as toy manufacturers have already done a good deal for us. The rooms were stocked with dolls, both large and small, and with clothing that would fit the dolls. During water-play period a large supply of "dirty" dolls was made available, and the children were encouraged to wash their dolls, with the teachers reminding them to "wash the dolly's face," or "don't forget to wash her feet." Whenever a child whizzed by on a tricycle a teacher would remark, "Your *feet* fit tight on those pedals, don't they?" or "When you move your *legs* up and down you make the bike go." Low shelves were covered with books that emphasize some aspect of the self or the body, and one of our teachers prepared several very creative books dealing specifically with this topic.

Our pediatrician did a physical examination of a large doll for the children (with interspersed examination of any child volunteers), with such comments as, "This is the way we look at the ***eyes,***" or "Now I am going to listen to your ***heart.***" The children were encouraged to take the stethoscope and listen to their own or one another's heart. We made new puzzles out of styrofoam that featured unit body parts, rather than cutups done at the whim of a jig saw's fancy. The children made little snowmen out of styrofoam, doing just a few things each day and thus being encouraged to sustain attention for longer periods of time. The outline of each child was traced on a large sheet of wrapping paper, and the results were prominently displayed. Some of the older children drew in features and painted on clothing. These pictures provided a perfect vehicle for such questions as, "How many eyes do you have?" and thus led the child into awareness of simple quantitative relationships. Thus it can be seen how the one topical unit served as a vehicle for encouraging all the cognitive functions.

The results of this unit were very encouraging, and teachers and children (and parents) found it a very exhilarating experience. One parent, who happened to be in the Center for a conference during this unit, made the excellent suggestion that we should notify parents whenever we begin such a unit so that they could also work on these areas at home. From then on, we put up a little card in our waiting room which announced the topic being emphasized. By the end of the first two-week unit on the Self, every baby could point to at least one part of the body (usually the eye), whereas none had been able to do that prior to beginning the unit. Many of the older children acquired new labels and hopefully more mature understanding about the functioning of various parts of the body.

Preliminary Report on Results

We have in this program twenty-five children, divided by age into three separate groups—an infant group, approximately six to eighteen months old; a group that ranges from about eighteen months to about two and a half; and an older group which is two and a half to three or a bit beyond. We had hoped to have a unit for children beyond three but we do not yet have that funded.

The full age range in each group is only about a year. There are times of the day, however, and times in the week when all the children are together. They are together in the play periods outdoors and at the tag ends of the day, since some children come earlier and/or stay later than the others. This gives the children a chance to be in a somewhat heterogeneous age group, although, obviously, our range is not very great.

In terms of social and emotional development, most of the people who have visited us have perceived the children as happy and alert and secure. There are some social changes in the children, particularly in the younger ones, that we cannot document. While showing a differentiated reaction to strangers, they seem friendlier and more outgoing than most babies.

Among the older children one sees about the normal quota of temper outbursts and the hitting and biting and fighting to be expected in any good nursery school setting. But the feeling of group solidarity is very strong, and the children quickly become attached to one another. Similarly, they become deeply involved with their main teachers; there is nothing shallow about the teacher-child relationship which is formed. There is also much nurturing behavior for children of this very young age. In walking through the building one hears remarks that suggest that the children are aware of others and that they are eager that everyone in their group be given equal attention.

As to overall development, there have been some fairly impressive developmental gains as measured by various tests. IQ gains up to about twenty-five points have occurred in some of the children. One child dropped about twenty-five points—a child who was tested at six months and who was very good on the psychomotor items but was not so good when he was around a year old. The mean developmental quotient change for children enrolled in the program for at least three months was six points.

The reaction of parents to the nursery program has really pleased us. It has been very positive, and they seem to identify with what we are doing. One father agreed to make a speech at a national meeting on day care because, as he said, the program had meant so much to him. We have some parents who are indifferent but they are very much in the minority. On the whole, the cooperation of the parents is far greater than we expected. However, the fact that almost all the mothers are employed makes it difficult to arrange individual conferences with the social worker or with a teacher.

Our formal parent-education activities have not been as successful as we hoped. We have just finished a six-week institute for the parents—one night a week for six weeks. If they attended four out of the six nights, they got a certificate. The parents who came to these programs were very much involved and very vocal and very much in need of such contacts. However, only one-fifth the eligible parents availed themselves of the opportunity. When a fifth of a school population of, say, 1,000 families show up for a PTA meeting, this does not seem so bad. But when it is one-fifth of 25 families, one barely has a quorum!

Finally, I should like to comment that, regardless of the problems, we are fervently enthusiastic about the program. At this juncture we are reinforced in our optimism that the potential return to society is great indeed.

DISCUSSION

The discussion that followed this paper served in an important way to clarify differences between the day care situation and that of child care institutions, as well as to distinguish two basic aims in child care.

Opening the discussion, Anna Freud made the following point: "In including a description of this interesting research program in our symposium there may be an implication that a full-day facility for infants and young children is nearly the equivalent of a residential institution so far as the children are concerned. Now I can see no way in which the problems of children who return home in the afternoon or early evening resemble those of children who live in an institution. It seems to me they are of a very different nature. Nor can I see that the staff problems of a nursery school resemble those of a residential institution, either with respect to the staff-child ratio or with respect to what the staff mean to the children.

"It may be thought that, since the child returns home at 7 o'clock in the evening and soon goes to bed, the child really has his life in the day care center. But I think that if the child is, hopefully, washed and put to bed by his mother and sleeps perhaps in the same room or perhaps even in the same bed with his parents, it is not true that he has the main part of his life in the day care center. Whatever is done in a day care center relies heavily, even if not deliberately, on what the child is given at home."

Bettye Caldwell said she agreed with this reasoning and added that, to date, almost no babies have been as young as six months when they entered the Center. As to the kind of day care center she described, she thought its chief contribution to the institutional field lies in the area of programing, that is, in determining what activities to schedule for the children during their waking and learning hours.

On the latter point, some discussants were concerned that sensory and perceptual stimulation might become too mechanized. For instance, an automated crib, which provides stimulating sights and sounds for infants, has been invented, and it is proposed that this crib be used to compensate for the inadequate sensory stimulation provided by most institutions and even some homes. This indicates, it was said, that some investigators think that perceptual development can proceed without human communication. Moreover, some of the new cognitive enrichment programs imply that intellectual development and behavioral development go hand in hand.

Replying, Dr. Caldwell said that the administrators of the Center are basically concerned with overall healthy development. They assume, however, that there is nothing incompatible between learning to learn and emotional development.

To this point Anna Freud responded that these two capacities come from different sources and have to be "programed" differently. "By this I mean," she went on to say, "that character or personality development and intellectual or cognitive development belong together but nevertheless have different roots. August Eichorn showed in ***Wayward Youth*** that many of the delinquent boys he dealt with had high cognitive development and were very clever at battling with reality factors. But they were absolutely not community adapted or morally adapted. The two components develop independently. The one is in no way a guarantee of the other."

With this proposition Bettye Caldwell also agreed. Character development, she pointed out, is fostered by the child's relations with the people in his environment, those at home and those in the day care center. Nevertheless she maintained that in their activities with children, through which the relationship grows, adults can choose to some extent which activities to pursue. In this choice, activities that foster cognitive development can be stressed.

A PROPOSED DAY CARE EXPERIMENT AND ITS PHYSICAL PLANT

HALBERT ROBINSON

MY ASSIGNMENT is to describe the physical plant of a research facility that will provide day care for 240 preschool children. The facility is to be located in Chapel Hill and will be operated under the auspices of the University of North Carolina. To concentrate on the physical facility alone gives a biased view of the program of research we envisage. But time does not permit an adequate description of our research plans. I feel I must provide a little background, however, in order to show why the particular kinds of buildings and equipment are being planned.

The project

There were two background reasons for our decision to establish a day care center. First, integration of the public schools of Chapel Hill at the first grade level and, especially, integration of a school that serves primarily the University community showed a marked discrepancy between the functioning of Negro and white children. The latter averaged above 120 in IQ; the former below 85. The result was that at the end of the first year of this arrangement it was clear that either Negro children would not be promoted or, if they were promoted, there would have to be, in effect, segregation in the classes in reading and arithmetic in the second grade.

Second, we found that most preschool Negro children and many white children in Chapel Hill are in day care from the age of two or three weeks on. Moreover, many of the day care arrangements are grossly inadequate. In one I visited, for instance, seventeen children under the age of two were being cared for in one room by one woman at a price of 35 to 50 cents a day.

In view of this situation, we at the University began to consider various ways of providing help to these children and their families. We settled upon a day care center in which we could take care of the children in an environment that would prepare them for school and later life and that would involve the parents to the greatest extent possible. The plans have gone through a number of different stages. Let me tell you where we are right now and where I think we are going to be.

We have decided that we will establish a day care center for 240 preschool children in our community. Children will enter as soon as their mothers go back to work (often at two or three weeks of age) and will stay through the preschool years. Because we want to have a significant impact on these children as long as we possibly can, we are building the day care facility on the grounds of an elementary school which the Chapel Hill School Board has given to us. We will, then, have a day care facility that will take care of children from early infancy through the preschool years and also an elementary school, which will accommodate about 600 children.

The idea of having the elementary school much larger than the day care center is occasioned by the fact that we want to have two control groups of the population that will be in the Center throughout their preschool years. One of these we will follow through the preschool years and through the elementary school; the other we will pick up as the children enter elementary school, without having had any preschool contact with them. As to the experimental group, the mothers of the children will be selected as they come to the hospital for prenatal care or delivery. We will follow them before the children are born and, through arrangements with the medical staff, will get good information on the births.

The plan for entering our facility will be made before the child is born. The children will come to the Center whenever their mothers return to work, often as young as two or three weeks. The control groups will also be selected from the hospital population at time of birth. The first of these will be provided with medical and dental care under our auspices. Through regularly scheduled contacts we hope to obtain good data on their progress in the medical and many other areas. The second control group, not involved with our program, will enter the study when they enroll in the elementary school.

Not all the children in the day care center will be Negroes nor will all come from economically disadvantaged families. We are building the center for 240 children (which is a pretty large sample, I think you will agree) because we want to cut across race, sex, and socioeconomic lines and still have a reasonable number of children in each subgroup. The expectation is that the preschool will be roughly half Negro and half white, half boys and half girls. It will cut across socioeconomic levels as best we can, but we cannot do that perfectly in our community.

We have a lot of ideas about what we want to do with this Center, which we conceive of as a research undertaking. Let me tell you about one of them. We have tentatively planned that this will be a bilingual center, that at least some of the children will grow up in an atmosphere where both English and French are spoken.

We think children ought to learn a foreign language. More important we are interested in the development of language, and we think that we can control the input of French and cannot control that of English. We can then try a variety of ways of interacting with the children in terms of dimensions which we believe to be important.

This is just one of the things that we will try that will serve, I hope, the purpose of both providing a stimulating experience for the children and giving us the opportunity of studying, in a longitudinal way, some of the things that we are very concerned about and that we think are very important in the development of children.

The physical plant

This, then, is our basic social-action and experimental design. Let me now give you a little idea of what our physical plant will be like. It will consist of a day care center, a complex of elementary school buildings, and a large research facility. The first is doubtless the part you are most interested in, so I will start with that.

The day care center will consist of five clusters of buildings. Each cluster will consist of four units, each of which will house twelve children, ranging in age from infants to five-year-olds. Each of these units is to have two stories. On the ground floor there will be a dining area, a bath, a partial kitchen, storage space, etc.

There will also be a quiet area, as we call it, with a fireplace and closed-circuit television—a kind of "family room." Then there will be what we call a social area. This will be the only place in the family unit in which the furniture is child size. Everything else is on the adult scale, our idea being that since these children are going to live in houses other than this one, they ought to get used to living in the adult world.

Except for the babies, each child up to age six will have a small room of his own. Rooms for the older children will be on a kind of mezzanine, with a balcony. The caretaker can look down from the balcony or up to it. We think separate rooms are needed because some of the children will be in the center from 7:30 or 8:00 in the morning to 5:00 or 5:30 in the evening and will need a place in which to nap and to be by themselves.

Each child will be assigned to a family unit. Infants will spend most of their time in the unit. As they grow older, the children will participate more and more fully in preschool and kindergarten classes, recreation, and so on, retaining the unit as home base. When they are of school age, they will have the unit as headquarters before and after school.

Each one of these units will have three staff members. We are hoping for a man-and-wife team and a second woman. The man will be in the unit in the morning and in the late afternoon but can be employed elsewhere the rest of the time. Some of these men may teach in the elementary school or run recreational programs or be the electronic technician for the closed-circuit television setup, and so forth. The wife and the other worker will be in the unit most of the day, on a flexible time schedule. They will be aided by student nurses, graduate students, and others. Specialized preschool, kindergarten, music teachers, and others will also be involved.

I won't say much about our plans for the elementary school building other than that it will be built and equipped for flexibility in use. We start with an elementary school that is already built and in operation. It is a rather new building and really quite nice. It has 12 classrooms, an administration unit, a fairly large library, cafeteria, and so forth. We propose to build a 12-classroom addition.

More important to the present discussion is the research building. This will consist of administrative quarters, of what in effect is a small research hospital, and laboratories of various kinds.

In the medical part of the building there will be pediatricians' offices with examining rooms and various rooms for talking to parents. There will also be a dental office and dental laboratories. An inpatient unit will house children kept for treatment. It will contain microbiology, electrophysiological, chemical, and clinical laboratories. This unit will serve our study population and the children in the first control group. It will permit research on various problems of interest to pediatricians and other medical personnel.

Children will be admitted to the inpatient unit only if they are sick enough to be hospitalized. Otherwise, when they have one of the mild infectious diseases of children, they will come to the center and be cared for there.

The research building will also house the administrative and research staff. There will be a director's office, a waiting room, a conference room, and a library, in addition to offices for social workers, psychiatrists, sociologists, as well as for students. There will also be a variety of research laboratories; for instance, an infant laboratory which Dr. Harriet Rheingold designed and will use; a basic unit for studying cognitive development and language development, a primary mental abilities laboratory, a number of offices for people in preschool education, psychology, and genetics, etc.

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Major aims of the program

The whole program which these buildings house has two main aims. One aim is in the social-action area. We will bring these children in as babies and compare them with control groups. We hope to demonstrate that with adequate environmental support of the families, we can put the children from the most deprived circumstances into an elementary school, even in a community like Chapel Hill, where they can compete with others. We want to reduce the school dropout rate and the incidence of mental illness. We hope to produce a superior population of children, if you please, because of the environmental stimulation and the support which the families will be given during the crucial preschool years.

I am not sure we can do this. To date the findings of the various attempts at intervention at three, four, five years of age are fairly discouraging. The investigators report an increase in IQ and other indices of development during the first year but then a leveling off. By the third year in school, the difference between the experimental and control groups has vanished.

I am convinced, without any great amount of evidence, that the first three years are the really crucial ones and that is why these investigators are not getting the results hoped for. We hope to do something substantial in the first three years. I hope we can demonstrate that the Negro and lower-economic children in Chapel Hill will attain a mean IQ of 135 or something like that or at least be healthy, emotionally secure kids.

The second aim is to set up an adequate child development research facility. In my opinion there is no such place in the United States today. We have them for monkeys and rats but we don't have any which are really adequate for the study of children. Not the only but one of the reasons why we want a cross-section of children in the center is that we hope to carry on a variety of developmental studies—short-term, focused studies—that will add to the longitudinal data we will be collecting.

These, then, are our aims and the setting in which we hope to accomplish them. Whether or not we shall succeed, only time will show.

DISCUSSION

This description of a research-oriented day care center presently in the planning stage aroused considerable discussion, very little of which had to do with the speaker's original topic, the physical plant of a child care facility. Questions were asked about the cost of the proposed buildings (close to $1 million), the source of funds (a private foundation and the county, State, and Federal governments), and the fees to be charged ($50-$1000 a year per child). The inclusion of a second language for the children was sharply criticized, and brief comments were made on several other aspects of the plan.

Most of the discussion, however, was devoted to two interrelated questions: to what extent and in what ways are the children's parents to be involved, and what will be the effect of the great cultural difference between the Center and the children's homes? Since these questions are also relevant to institutional care and certainly to the children's emotional and intellectual development, a summary of what was said seems a fitting ending to this section of the report.

In responding to the question of how the Center intends to involve the children's parents, Halbert Robinson indicated that this aspect of the project is felt to be of the utmost importance, and that a variety of methods will be tried. Among these will be day-to-day communication with the parents by the personnel in the family units; home visits by members of the professional staff (including, among others, public health nurses and social workers) during the process of investigation and at times when problems arise with the children; PTA-type programs; evening training programs, such as homemaking and vocational training; and social events. In addition, a few of the parents may be employed by the Center. Contact with other social agencies which may be of help will be maintained.

On the basis of past experience with low-income groups, the formal PTA or evening program is not expected to be as successful as personal contact with the staff. One of the purposes of designing the family units to accommodate all children of a single family was the hope that, over the years, a strong and meaningful alliance of parents with the Center might be built up in the course of continued interaction concerning the day-to-day needs and development of the children.

The problem of cultural discontinuity between the Center and the children's homes is also of great concern, said Dr. Robinson.

"The difficulty is that most of the information we have to go on is about children three to five years old who have gone into a facility after they were fairly well socialized in another environment. We know that this leads to all kinds of problems. But as to what will happen when children enter the Center as infants we are not very clear.

"We know, for example, that in the lower socioeconomic segment of our community children are generally forbidden to hit out physically at their parents. This you simply do not do, and children are punished for such behavior. In the higher socioeconomic groups, children's behavior and parents' attitudes are somewhat different.

"Again, among Negroes in our town, peer-group aggression is quite well tolerated. Children can clobber other children without much objection being made by parents. In the higher socioeconomic levels, the reverse is more or less the case. This sort of contrast in behavior norms may mean trouble for us. Or can it be that children can learn that certain kinds of behavior are appropriate at the Center but not at home?

"Another difference between social classes is that the children in our lower socioeconomic groups are, by and large, rather apathetic and not very active. For example, children go with their parents to church services that last for three to five hours. You can see 18-month-old children sitting in church quietly all that time. At 18 months my own children wouldn't sit still in a church for five minutes.

"I am not clear what we can do about bridging these cultural differences. So far as I know, no much research has been done on the subject, and I am not clear in my own mind about the ability of young children to differentiate situations and to respond accordingly, without any great intrapsychic difficulties. All I can say is that we shall try to be on top of the problems as they evolve. One of the most exciting parts of the research is simply that of finding out what does happen and trying to cope with it.”

To this, Sibylle Escalona responded as follows:

“I think you may underrate the amount of information we have on this point. It seems to me that you are so aware of the problem of the discrepancy between what you are planning to offer and the milieu from which the children come and to which they will return at adolescence that I am a little surprised that you have not taken more account of it in the architecture and the decoration schemes. To the best of my knowledge, considerable discrepancies can be tolerated by a child. But if you are going to have glass walls, carpeted stairs, mobile walls, individual rooms for two-year-olds, a swimming pool, etc. you are setting up an American dream of affluence. In such a setting, it seems to me that you cannot avoid problems nor can one anticipate how they can be dealt with.

“My impression is that you are putting into the Center almost everything that could make it hard for parents to feel any kind of continuity between it and their own realistic hopes. For myself, I am not entirely convinced that all the positives are on the side of modern housing with swimming pools and carpeted stairs. I think that you may even be losing some of the positive values in the culture of the group with which you are working.”

Halbert Robinson replied that this point of view had been carefully considered, that the kind of physical environment proposed is the sort the parents themselves aspire to, and that, moreover, a “culture clash” between generations is probably inevitable if drastic change in children is to be achieved. Moreover, the physical aspects of deprived homes probably exerts a decidedly negative effect on the children. The lack of stimulation, opportunity for learning, and privacy, as well as the lack of beauty and comfort, probably helps to drive the children away from adults and into the peer groups. There seems little reason to repeat this pattern in the Center. Rather, we must learn to cope with the negative aspects of the discontinuities between home and Center and capitalize on the positive aspects by a propitious environment for the development of the children.

Sibylle Escalona pursued the question by agreeing that the aim of this and comparable projects is to prepare lower class children to participate in the dominant culture. Nevertheless we must not forget that what keeps most children developing well is their ties to their own parents.

“We have much information,” she continued, “about what happens when the important emotional object that gives a person his inner identity is sharply differentiated from the things he learns to be and to live with. There are many good, relevant studies about immigrant groups in the United States. Many of these people's children came to feel that all that was intimate to them, their own immediate family life, was inferior. The United States has been a living laboratory on this subject.

“It is not a matter of a child not recognizing that different ways of behaving are appropriate to different settings. It is not a matter of whether or not you can, if you choose to, become so vital to these children that they will grow into something that doesn't look like a relative of their own parents. You have suggested they will be competent kinds of people, and in no way deprived. To my way of thinking, what they may be deprived of is a sense of compatibility between their own personal origins and the life they are growing into.

“It is very hard to think of ways of dealing with this problem. When I talk about bridging cultures, it is only in the sense of not encouraging a situation in which, because of all the fine, useful things they are offered, children will have to accept that their own personal ties and intimate sources of being are bad.”

Several persons disagreed somewhat with this statement, noting that the question is one of how to involve the parents in change and how to help them to accept that their children will be different. Others, however, were fearful that too great a cultural divergence might create “hollow men.” Sally Provence may have provided a possible way out of the dilemma when she said:

“I suppose one of the most important of the means of dealing with this problem is the attitude of the staff of the Center in their contacts with the parents and the children: their feeling of respect for the children's parents and for the crucial nature of the children's relations with their parents. Either respect or lack of respect is going to be communicated inevitably in every kind of contact that they have with the parents. I suppose that if the caretaking staff are convinced of the importance of this, some of the dangers of alienation will be minimized. I suspect, however, there is probably going to be an irreducible amount of alienation created if a dramatic change in the children is to be achieved."

III.

COMMENTS ON FIRST DAY'S REPORTS

Dr. ANNA FREUD, the honored guest of the Conference, was able to be at the meeting for only the first of its three days. During that day all but the last of the six statements reported above were presented. In the evening Dr. Freud commented informally on what was said in these papers and in the discussion that followed and added some observations of her own.

COMMENTS

ANNA FREUD

WHEN I was invited to comment on the papers and the discussion of the first day of this workshop, I took it that I would not be expected to summarize the various points that were made but, rather, to give my subjective impressions. I hope that you expect nothing else of me.

When the members of the workshop were introduced, my first impression was that there were as many important workers with children present as there are important aspects to a child's personality. The question then arose as to the aim of this workshop. Is it possible to combine in one mind the various experiences that the many people here have gained from their personal work with the children? For only if we can make a constructive summary of this information can we hope for a constructive application of our knowledge.

I think one of the faults in the children's field is that training is so specialized. We have a division between medical knowledge, educational knowledge, and psychological knowledge. Then there is a further division within psychological knowledge: between knowledge about the emotional self and knowledge about the intellect. Since all these types of knowledge concern one and the same child, they should be combined somewhere in one mind.

Moreover, there is a division along age lines. Usually, people who work with elementary school children don't work with high school children. It is therefore very seldom that the knowledge about one phase of life is seen as it ought to be seen; namely, as a step in preparation for the next phase, and not as applied to only one particular portion of a child's life.

Again, there is a division between teaching and upbringing, and very often teachers know very little about the activities of those concerned with the actual rearing of children, and vice versa.

We cannot blame the workers in the different research fields for this state of affairs. We must blame our training schemes, as well as the fact that there is no free movement of professional workers between the various sections. I know that this state of affairs has improved a little in recent years. There are some nurses who know something about healthy children. There are even some teachers who have visited hospitals. There are very few teachers of older children who have ever worked with infants, and there are very few people who are equally familiar with the care of a child's body and a child's mind. In planning for future improvements I think that such an interchange within work for children is almost essential. Without that, many of our plans will not materialize. This change, however, cannot come about without decisive changes in the training of personnel.

Even more serious is the fact that the division between theory and practice is widespread. There are many people who work on the theory of child development, and there are many others who work practically with children. But not enough theorists have the opportunity to apply their theories, and too few practitioners are taught developmental theory while they work directly with children.

In this respect, I have been especially fortunate all my life. From the very beginning, I was able to move back and forth between practice and theory. I started out as an elementary school teacher. I changed from there into the field of analysis and child analysis. From then on, I changed constantly back and forth, from the theoretical study of these problems to their practical application. I agree that one has to have special luck to do this, and that most people do not have this. Personally, I have to be grateful to a number of persons and institutions who gave me that chance.

When I was still very young in my psychoanalytic studies but had learned enough to apply at least some of the knowledge, I was asked by the city of Vienna to make that knowledge available to teachers of nursery schools and elementary schools. I was given the opportunity to work with small groups of teachers, to discuss their practical problems with them in easy theoretical terms. This proved to be useful for them and was immensely useful to me.

When I had learned a bit more about psychoanalytic theory, an American friend gave me and some colleagues the opportunity to begin an experimental nursery for children between one and two years of age. (It was experimental because at that time group care for children of that age was unheard of.) The children we worked with were the most underprivileged children that could be found in Vienna. For such children, to begin education and therapy at three is much too late. Our entrance requirement was ability to walk—not necessarily to walk well but to be able to get from one place to the other, to have a certain amount of free movement. This was an excellent opportunity for us to learn and to test out some of our theoretical ideas in an active plan of day care.

The next opportunity of that kind was provided not by a person or by an institution but by an emergency, the emergency being World War II. This, of course, was a marvelous emergency, for if anybody wanted to try out a scheme of residential care of children, what better excuse for it was there than war conditions, when the children had to be separated from their parents for reasons of safety. These war conditions, combined with the generosity of an American charity, the Foster Parents' Plan for War Children, made it possible for me and some colleagues to try out a residential scheme for a period of five years. We learned intensively and extensively how to care for eighty resident children from birth to the age of five.

My next venture in putting theory into practice was the Hampstead Clinic, in which I continue to work. This introduced me again to the whole range of problems: of day care in nurseries for normal children and for handicapped (that is, blind) children; of well-baby clinics and of outpatient treatment of problem children, mostly neurotic. This had two advantages for me personally. It provided an opportunity to maintain a close connection between theory and practice, to check constantly on theoretical ideas by practical application, and to widen practical handling and practical measures with the growth of theoretical knowledge. It also had another advantage. Having worked in day care, in residential care, and in outpatient care, I had all the vested interests combined inside myself. If they conflicted with each other, they conflicted in me, and I could argue them out with myself without hurting anybody's feelings when finding that one or the other was better or worse than the rest.

This is enough of an introduction about my personal luck. Now to the point of the discussion today. Naturally, I bring my own experiences to bear on what has been said.

A point was made this morning that hostile feelings sometimes play a part in creating institutions for children. I would like to add that very often one has the impression also that it is affectionate feelings that are at work. I would make the point that it should not be feelings of any kind that determine the type of care to be given to children.

I remember that a long time ago—it may well be forty or forty-five years—when I first faced an audience to whom I was supposed to talk about the care of children, I expressed astonishment that in this field we proceed to action without inquiring into the quality of the material with which we deal. I wondered then and I still wonder what our position would be if we entered, for instance, the field of metal work or work with wood or leather merely on the basis of feelings—because we like it or because we dislike it or because we want to alter its shape. We would not get very far.

Work with metal, and ideas about what can be constructed from it, are based on the quality of this particular material. Whatever plans are made for it are made on the basis of the knowledge of these qualities—whether you can bend it, heat it, etc. But it has not been so with work with children. This has been determined by extraneous factors—the feelings about them, financial possibilities, social opportunities, religious motives, or the very personal motives of a child worker. I think that many of the unexpected outcomes and many failures have been only due to the fact that the handling of children has not been based on knowledge of their nature.

Things have changed, of course, in the last thirty or forty years. But I think very seldom has a conference expressed as clearly as this one that we should start with the developmental needs of children, and that plans for children should be based on detailed knowledge about their needs and the possibility of meeting those needs. That seems to me the outstanding thing about this Conference.

We have heard two impressive descriptions of children's needs, one applying to the first two years of life and the other to the period from two and a half to five. When we deal with the first years of life we are in a favorable position, since for that age it is possible to define developmental needs in fairly global and fairly simple terms. A child's needs, one might say, are simpler the younger the child is. Still, as we heard from Dr. Escalona, they are complicated enough. Dr. Escalona divided them into primary needs and those that are subordinate to primary needs. If we leave out this distinction for the moment (for I would call some primary that she listed as subordinate), I think we could summarize them as the emotional needs of the child.

Dr. Escalona described as important for a child's development that he be of emotional importance to his caretaker, that he have adequate stimulation, that the processes of stimulation include give-and-take between child and caretaker, that there be continuity in care (continuity and stimulation at the same time), and that the environment be what we might roughly call normal.

When I said that at this time of life a child's needs are simple, I was exaggerating. Complications are introduced into the scheme by the fact that the needs interact with each other. I think that among the most important things we have learned in the last twenty or thirty years is the fact that the emotional growth of a child cannot be separated from his intellectual growth. On the one hand, we have learned that a child's intellect is stimulated from the emotional side, that he reacts differently in close contact with an important love object in his life. On the other hand, we have learned that this relationship to the caretaking adult, to the parent, is shaped above all by the growth of the ego function in the child. The first primitive relationship alters gradually to a mutuality with the loved object—recognition of the mother's or father's qualities and needs, concern for them and loyalty to them. This could not come about if functions in the child which we ascribe to the other side of the child's life, namely, the ego function, had not ripened, matured, developed at the same time. Even though, for theoretical purposes, we have to divide the streams of emotional and ego development from each other, we also have to have the ability to see them in interaction and to see their mutual dependence on each other.

Continuity of the loved caretaker is of course necessary for emotional development, for the development of mutuality between mother and child, and for stimulation. If any of these are interrupted in a significant way, the child loses his gains in growth and, as we call it, regresses. To make matters more complicated, all these needs of the child have to be satisfied in a suitable environment, a so-called normal environment. This again shows the dependence of the various factors on each other.

We have heard Dr. Pavenstedt's excellent description of what happens at the next stages. She has given this description by reviewing very briefly all the aspects and activities, events and happenings in a child's life. If one wanted to summarize it in our technical terms, which Dr. Pavenstedt has rightly avoided doing, we would say that this is the time when the child goes through the whole sequence of drive development (sexual development and aggressive development) and, at the same time, goes through the two biggest complexes in his life, the Oedipus complex (the relationship to father and mother) and the castration complex (the recognition of the difference between the sexes). This is also the time when the personality becomes structured, that is, divided inside. Dr. Pavenstedt expressed it by saying the child ceases to be carefree. The child ceases to be a unified person and begins to develop conflicts within himself. If you sum up Dr. Pavenstedt's descriptions, you have the emergence of a structured, complicated, semi-adult personality out of the infantile being with whom we dealt in the first two years of life.

How can we express this in terms of the child's needs? You realize that what is needed from parents or their substitutes in this phase of the child's life is enormous, but is there any way in which we can compress it into one or two points? Perhaps I only take the meaning out of it where I say that what the child needs is the right setting within which he can experience all his ongoing concerns, problems, and conflicts, and that his need is for help in problem-solving. What we call the good or helpful parent in these years is the parent who can give the child unobstrusive but steady assistance in overcoming one anxiety after another, one crisis after another, one conflict after another, so that he is not arrested at any stage of development but can pass on to the next—sometimes only from one problem to the next, and from one conflict to the next. But, after all, that is life.

After hearing these two expositions of children's needs, we have to ask ourselves in which setting (family care, day care, foster home, residential home) which needs are fulfilled, and in which are they left unfulfilled? Before we arrive at an answer I have to mention that we have been discussing two problems at the same time, the problem of the normal child—his developmental needs and their fulfillment—and the problem of the deprived or rejected child and the attempts to fulfill his needs. Sometimes we have talked about the one, and sometimes we have talked about the other. It seems to me that the way out of this confusion is not to give preference, in the first instance, to any one type of child but to consider the various types of care and weigh them against the certainty of children's needs.

As Dr. Escalona has pointed out, the well-functioning family has the possibility of meeting all the needs of the children, at least those that we have acknowledged:

1. The need for continuity. This need is met if the family is a stable one and stays together.

2. The need for stimulation. This is met if the family is oriented in that direction and knowledgeable enough to give the child what he needs or instinctive enough to answer to the child's demand in that respect.

3. The need for mutuality between mother and child. The normal mother gains as much pleasure from the interchange as the child does.

4. The need for affection. This is met as a matter of course, for the child is an important member in such a family.

5. The need for help in working out the complexes, conflicts, and problems of development. Good parents are able to give the child help in this respect.

This is an idealized picture of a well-functioning family, of course. A family becomes less good in our eyes if one or the other of these conditions is not fulfilled. If a family fulfills none of these needs of the child, we have no reason to give preference to family care over any other kind of child care. If a child is not loved, we certainly feel that he should be removed from the family.

If a child is not an important member in his family, however, we become alarmed. In the clinic, for example, we become suspicious when, in the referral of a young child, we deal with a mother who cannot give us any information about when the child smiled first, walked first, spoke his first words, when he first developed his various abilities. If the mother really doesn't remember, we feel the child cannot have been very important to her at that time. We see other mothers who have every activity of their children engraved on their memory. Sometimes, to our surprise, we see couples in which it is the father who remembers and the mother doesn't. Anyway, this is only one of the hints as to the role a child plays in his family. Certainly, it is rare enough that parents fulfill all the needs of a child, even though the possibility is there.

A child is seldom as important to his parents as the parents are important to him, or as the child would like to be. This is because, in the child's early years, the parents have many other involvements and concerns, whereas the child at that time has only his parents as his concern. This is very unfair but this is how it is.

If, with this point of view in mind we review the whole line of possible child care facilities, we come to the foster family next. This type of facility was indicted today because it appears to promise to fulfill what, in its nature, it is unlikely to be able to fulfill: the child's need for continuity. There may be affection, there may be stimulation, there may be mutuality for a while, but there is not the tie between the foster parents and child that guarantees his continuity. It does not seem reasonable to expect full parental involvement from foster parents without guaranteeing them full parental possession. This is a reason for ending the legal rights of parents who do not fulfill their obligations. By taking away their legal rights we make it possible for others to take over in the role of parents.

The foster parent, then, is not a real parent. If we go down the list of children's needs, we see that the chance of their being unfulfilled, or of some of them being unfulfilled, is much greater in a foster family than in a natural family.

Another question arises here. We do not know whether the lack of fulfillment of one need has repercussions on the others. What happens in this respect when continuity of care is not provided or when affection is missing? There are questions to explore further.

I think we have no doubt (and the principle has been confirmed by Dr. Caldwell's description) that day care has the greatest chance of meeting the child's need for stimulation. What we usually do not demand from day care is the fulfillment of children's emotional needs, since these can be taken care of at home. The relationship of a child to a teacher or the caretaking person in day care is of a different nature from his tie to his parents. He demands something different and receives something different from each of them. What he receives has to be of a quality which renders the stimulation effective. Otherwise, day care itself will not be effective. In day care, continuity is not as important as in the other child care arrangements. This should make us suspect that the need for continuity is more closely linked with emotional needs than with the need for stimulation—which is perhaps obvious.

In the difficult area of residential care—one of our main concerns in this meeting—I am glad that we have the benefit of the excellent descriptions of actual programs. In Mr. Gavrin's account there is a clear description of the battle for continuity that goes on in residential care. Naturally, we can give stimulation in residential care, and we have heard how one can give affection to babies in residential care. One can give it also to older children. One can carry over from day care to residential care most of the other advantages that Dr. Caldwell described. But what about continuity, what about the emotional development of the children?

I was much interested in the point made by Mr. Gavrin that one can try to attach the children to the idea of the house, the institution, and that this can perhaps substitute in part for personal attachments, which we would so much want to be continuous without having the power to make continuous. This suggestion, however, is not true for children of all ages. I know that it is true for older children. I know that an older child will sometimes quite deliberately replace the loyalty to a person by loyalty to a house, a home, but young children cannot develop this sort of attachment.

Whether rightly or wrongly, a comparison with domestic animals comes to mind here. We know that cats are attached to houses and dogs are attached to persons. To change this around—to attach a dog to a house and a cat to a person—seems to be impossible. It is similar with children. A toddler is only attached to persons. A six-year-old may be attached to a house as well as to a person. This is very much a question of age. In residential institutions we try to make such events as leaving meaningful for the child, but I think this works better for the adults than for the children. For a young child to leave the only people to whom he is attached is a terrible experience, however it is done. Parting ceremonies work very much as funeral ceremonies do. They are attempts to put feelings into a prescribed form and to relieve consciences. Even so the loss remains. And the loss to a child can, of course, be terrific.

The question of continuity in a residential institution is twofold. On the one hand, there is the change of staff. The younger the staff the more frequent the changes; and the older the staff, the less fit they are apt to be to deal with young children. Of course it helps, as Mr. Gavrin said, if certain key people remain constant and influence the new-coming staff. But this will not comfort a two-year-old or a three-year-old, only the older children.

On the other hand, continuity is also broken by outside powers working on the institution. Children are snatched away and put into other homes for reasons that have nothing to do with their development. This brings about breaks and separations which the institution is impotent to combat and which are tragedies for the children. So whenever residential care is proposed, these points have to be kept very carefully in mind.

Overall, then, I think the order of preference is care by the child's own family, foster family care, residential care—with day care somewhere in between.

In this comparison between various forms of care there is an additional reason why family care comes out best. I have already pointed out that this form of care makes it possible to provide for all the needs we have listed. But even if a given family does not do this wholly adequately, such care seems preferable because it is easier to complement a family by providing day care than it is to complement day care or some other form of foster care by giving a child the needed affection and personal relationships from some other source. If this is the case, I can only repeat what has been said before: we should explore carefully how many of the homeless children who are now living either in foster families or in institutions are there of necessity. I would like to remind you of the difference between alterable and unalterable conditions that Dr. Escalona introduced into the discussion.

Do the authorities really do everything in their power to promote family care—to enhance it, to make it financially possible? Are not many children deserted, for example, by their unmarried mothers who could be kept at home if the mothers were given adequate financial support? Couldn't many children be with their families or relatives if support were forthcoming? This would be very much cheaper than keeping the child in an institution or in some other form of care, and better for the child.

If we were fully convinced of the superior advantage of family care, much effort would be concentrated on helping home life to fulfill children's needs. This help can take the form of financial support; it can take the form of advice and guidance; it can take the form of supplementation of home care by intensive day care. This, I believe, is the best use that can be made of day care. Day care should be geared to the lacks in family care; i.e., it should supplement family care. In this connection we should also note that deprived and underpriviliged children are apt to need this supplemental care at an earlier age than do more privileged, middle-class children.

There is another type of child whose home life, I think, should be supplemented in all instances by advice and by day care. This is the handicapped child, whether mentally or bodily handicapped. In Hampstead we have studied intensively the situation of blind children and have found an intense need on the part of their mothers to be helped from the very beginning. Even if you take the point of view that parents are equipped through their personal relationship with the child to fulfill his needs, I am of the opinion that this does not apply when a child's needs are complicated by their physical or mental handicaps. In all these instances, supplementary care is very necessary and can in many cases prevent a breakdown of home care.

I would note, too, that foster family care should be helped in many ways before it is given up as unsatisfactory. One way would be that of raising it to the status of a profession. Why should it not be an honorable profession to raise children who are not one's own? This is a profession that needs knowledge, time, personal application, devotion. Why should it be the only profession that is not adequately rewarded? In many countries (and I think the United States is one of them) the social status of a profession is determined to a large degree by what one can earn in it. So I think that if one could earn an adequate salary by being a good foster parent, the status of the profession would not be so different from that of being a good doctor or a good teacher or a good lawyer or a good psychiatrist. I don't see the difference.

I think this would make an enormous difference, not only to the quality of foster care but also to its continuity. At present we count on foster care being paid for by something that foster parents do not get; namely, the feeling that they possess the child. Since they do not possess him, they should have some other compensation for all the work they put into the task.

Further, I think it is even more important for foster family care than for home care to be supplemented by good day care. To devise help for residential care is much more difficult. We know that residential care is greatly aided by the nursery school it provides. This helps with the stimulation of the children. Residential care is also very much helped by choosing the right staff and by giving the staff satisfaction apart from direct contact with children. We know, too, that residential care is very necessary for certain types of children, as a therapeutic environment. But whether we can ever produce continuity in residential care, and how this will influence the other factors, are still open questions.

One last point. Dr. Provence's plan to make comparative studies between the different types of possible child care is, of course, an excellent one. To my mind, it is especially excellent if we do not take the word "comparison" too literally. We cannot really compare results, since the children who go into these schemes are different children. The result is always determined only in part by the handling of the child; for the other part it is determined by what the child brings with him to the situation.

A comparison of this kind is immensely valuable, however, if we restrict it to another side of the matter. If instead of highlighting children we highlight problems of care, we can build up these different types of care with the definite intention of watching for the problems that arise and of understanding each problem as it arises. We will probably get three different sets of problems, which we can then compare.

Well, this is my summary.

IV.

SOME PRACTICAL PROBLEMS IN PROVIDING RESIDENTIAL GROUP CARE

BY IDENTIFYING the major developmental needs of young children and the major problems in caring for these children on a group basis, the first day's papers and discussion marked out the Conference's main themes. During the next two days, chief attention was given to specific aspects of operating a residential facility and to some internal and external obstacles to providing good care for children. Such topics were discussed as where to build the facility, how to staff it, how to arrange the caretakers schedules, how to program the children's activities, how to provide health care, and the like.

These seemingly mundane questions bear closely on the feasibility of residential group care, for at base it is through such means that children's developmental needs must be met. The link between these topics and what children need for sound development was made largely in the discussion periods that followed the papers. The gist of what was said on this subject is presented in the next section of the report.

CHOOSING A SITE FOR THE BUILDINGS

SAMUEL P. BERMAN

WHAT I shall have to say about my topic, the location of a facility and its relation to the community, will refer to any residential facility for child welfare purposes but would have to be adapted in terms of the age and condition of the youngsters involved. It is difficult to separate consideration of location or plant from the prior issues of purposes, program, and personnel, but if we make certain assumptions I think we can talk a bit about the location itself.

The assumptions I make are that the purpose is residential group care, that we are referring to a need which exists predominately among minority-group children living in urban areas, and that the facility is needed to supplement other programs. These considerations are so interwoven that I would like to talk about what goes into site planning in terms of them.

Some preliminary considerations

Several considerations should be kept in mind in site planning. They relate to where the children's homes are, where a potential supply of staff is to be found, and how isolation is to be avoided.

First, in my opinion, residential facilities (group homes, satellites, whatever) should be located close to the area of residence of the families served. If a community cannot sustain such a facility in terms of population and need, it could share one with nearby communities.

Second, in many of our communities there is a severe shortage of the kinds of staff needed for the various positions in a residential facility—child care workers, social workers, psychologists, psychiatrists, and so on. In our survey for the Child Welfare League, we encounter agencies that are asked to become "residential treatment centers" for counties that contain about two trained social workers and no psychiatrist. How can needed service be provided in the absence of such resources?

Third, isolation has various aspects. There is the isolation of clients from communities and from their families; the isolation and the over-institutionalization of staff members who are not part of the community life generally; the isolation of programs—a little program here and a little program there, and no real meshing with each other.

For residential facilities the latter point is complicated by the fact that many institutions preceded the establishment of any other form of child welfare service. They were there before the so-called umbrella of services was developed. In addition, there are very few good umbrellas in operation. An isolated rib isn't much good.

No social service can operate well apart from a constellation of services. Hence in looking for a nonisolated kind of location for service, we look at the existing framework of services and hope to find adequate income-maintenance programs as the base of much of what we plan to do. If the problem of a community is inadequacy of its existing programs, logic would call for improvement in that respect before new kinds of programs are initiated. That is not gap-closing but repairing what we already have.

Deficiencies in services to children in deprived families or minority groups are particularly evident in the income-maintenance area. Other characteristic lacks in communities are found in counseling services in schools, protective services, day care services, and homemaker services. Family planning ought to be a part of a community pattern of services. Services for children out of their own homes, adoption and foster family care, clinics, and so on are also needed. The community's recreation services and its use of school facilities is also something to consider in locating a residential facility.

There are few communities with the full complement of coordinated services that is needed for the support of clients, staff, and program. Consequently, many people in the child welfare field want to develop a comprehensive program of services, such as neighborhood service centers. Others stress the desirability of multiple-function agencies that under their own auspices can provide children with the right services at the right time and that facilitate the movement of children on the basis of a diagnostic plan. This would permit a package of services rather than the "you get what we have available" that prevails today. As you know, several studies have shown that agencies tend to offer the services they have rather than the services the children need.

Choosing a site

To come now to some of the considerations in setting up a facility and in choosing a site for it. I suggest that an agency base its decisions to establish an institution on its own and its area's demographic data; that is, on what is known about the community's problems as indicated by figures about family breakdown, children without parental supervision or housing, and so on.

As an illustration, in one community I visited recently the issue was whether to retain a very small institution that was having serious problems. In this community there was a serious lack of institutional resources for Negro youngsters and an imbalance in regard to children receiving services in their own or foster homes. The community had startling statistical data about its Negro families. The incidence of family breakdown there was twice as high as in the white community. The majority of families lived in rented quarters that were very inadequate. A large proportion of the women were employed. It was understandable, then, that this community would have many youngsters in need of child welfare service, and that this population would offer very little in the way of foster home possibilities.

If, on the basis of demographic figures, a decision is made to go ahead with setting up an institution, the question of choosing a site then comes up. The first consideration here is how we can make the institution easily accessible to clients and staff. The availability of good public transportation is important but, at the same time, there should not be excessive traffic in close proximity to the proposed site. Obviously, the facility should not be built right on the highway or on the main street.

This question of transportation is of particular concern for institutions located far away from the city. Some institutions have their routines governed by when the trains run and how long is the journey from the city. If the institution is located far away from the city, staff quarters have to be provided. In this connection you may be interested in knowing that in 1964, 87 percent of the staff of the institutions that were members of the Child Welfare League lived on the grounds. This was a decline from earlier years, when everybody lived there.

Easy accessibility is also important in order to facilitate preplacement visits, visits during placement, discharge planning, aftercare, and so on. From another standpoint it is needed to enable use by the institution of community resources such as schools, hospitals, clinics, libraries, churches, parks, and recreational facilities.

The choice of site is also governed by the willingness of the neighborhood to accept such a program in its midst. It is a mistake to put an institution for acting-out adolescents in a stable, stuffy community that cannot tolerate this sort of behavior, or to choose for a site a neighborhood where schools are overloaded and youngsters with serious problems are resented.

One must have regard for changing patterns of neighborhoods. Is the neighborhood under consideration becoming heavily loaded with transients? Is it a commercially zoned area? Is it an area that is deteriorating? Is it an area in which a road is going to be coming through in a few years?

If we are talking about minority-group youngsters, the question of how to maintain an integrated facility must be considered. Where do we locate it? Do we put it in one of the ghettos or do we put it somewhere else? How do we deal with community attitudes?

No matter for what other reasons one would choose a site, one overriding consideration is that of being close to a good supply of personnel. For this reason, a location near or in a community where there is a university has some exciting possibilities. First of all, the university may provide part-time child care workers, recreation workers, tutors, and so on. It may enable the facility to offer field training for social work, psychology, and psychiatry students. It may facilitate the training of the institution's own staff, and it may make research possible.

One question that often comes up in starting a new program is whether an existing facilitiy can be converted to provide what is needed. The answer depends on whether the facility and its location provide a functionally adequate arrangement rather than a sort of desperate effort to find somewhere to provide a service. This means that an agency must be willing to be flexible about its location. If the location does not provide what is needed for the program, the location should be changed. This is one of the values of a satellite arrangement. For instance, there is an agency in the New York City area that has about twelve group residences and two institutions. This agency not infrequently closes a residence and opens another in a different locality if something in the neighborhood or something in the physical plant indicates that the present location is no longer valid.

In selecting a location, the help of experts is usually needed. Sometimes strange things happen. You inquire about building, and in some communities you find that if you dig three feet down you hit the water level. Then you have to build in a different way or you cannot build the kind of building you would like to. Again, there are hillside communities where the need for retainer walls creates difficulties. And on the Pacific Coast you may have the problem of canyons.

As to the actual building itself, in some metropolitan areas apartments are being used as group residences. Part of the rationale is that youngsters are accustomed to this kind of vertical living and that cultural shock is avoided. This use of apartments has some other advantages as well. It provides a sense of neighborhood, and it is a flexible arrangement. The lease can be paid off or otherwise dealt with if need arises.

Overall, however, it is not so much the location or the building as the program that makes the difference between a good institution or group home and a poor one. The main question is how to provide enough services to meet the great variety of children's needs.

DISCUSSION

In the brief time available for discussion of this statement, several points were made that bear on the ability of an institution to meet foster children's emotional needs. Of especial relevance was Mr. Mayer's comment that many children who are in residential care have to be protected from their parents. There are children who, for psychological or physical reasons, have to feel safe. In choosing a site for an institution, a first consideration, therefore, has to be whether the building and its location will make it possible for a child to feel, "This is where I can start a new life."

In response, Mr. Berman noted that there are also parents who are not a threat to their children. If the institution is near enough to where they live, it is sometimes possible to involve the parents in the institution's work with the children, improve parent-child relations, and benefit the children thereby. This would seem to be particularly important in an institution that care for infants and young children.

The current interest in making all health and welfare as well as educational services neighborhood-based is another reason for locating child care facilities near the children's own homes, said Mr. Morrissey. Lack of integration among services severely handicaps an institution in serving children, as the following speakers show in considerable detail. While agency function and policy can be coordinated on the community level, real integration of services is unlikely to be achieved except on a neighborhood basis.

STAFFING A CHILD CARE INSTITUTION

MORRIS FRITZ MAYER

CHILDREN in institutions, whether they are there because of dependency, health problems or mental, emotional and social inadequacies, have one thing in common. They are away from home. Therefore, whatever the specific function of the institution is, it must always replace the home. One of the major tasks of institutional staff is that of parent substitute.

In order to fulfill its purpose, an institution must have a composite of coordinated services to meet the health, educational, and social needs of children and must have a staff to carry out these services. Any one of these staff people may be chosen temporarily as a substitute parent by a child. The institution, however, must provide specific workers whose major job assignment is to become parent substitutes. These workers must meet the children's physical needs and must provide a basic but individualized order of living and a whole host of other ingredients which in mental hospitals have been called tender, loving care.

This group of people is the main subject of my discussion. They have been called houseparents, cottage parents, social teachers, counselors, and have even been given such sophisticated names as sociotherapists. Recently the more neutral name of child care worker has been widely used.

Job definition

One of the major problems of child care workers is the indefiniteness or limitlessness of their job. They have to know something about health care, yet they are not nurses; something about education, yet they are not teachers; something about food, yet they are not dietitians, and so on. They could be described as universal dilettantes, who have to know something about everything. In specialized institutions they are surrounded by experts who know much more than they do in specialized areas but who still may not be able to "take care" of children.

In hiring, evaluating, and training child care workers, one constantly has to deal with this problem of an indefinite job. In some institutions the child care workers participate in cooking, laundering, cleaning. In others there are specialists to do these chores. In some institutions the recreational activities of the children are closely centered within the living units. In others they are mainly delegated to the recreational department and the recreational experts. In some institutions the acutely sick child remains in his living quarters; in others he is sent to the infirmary for the slightest cold. Even the degree of mothering varies from institution to institution and from child to child. Some natural parents have frequent contact with their children; others are totally out of the picture. Some institutions permit frequent visiting by even socially marginal parents: others regard parents as unwelcome interferers with the institutional program and the children's treatment.

Another complication in the job definition of a child care worker is the complexity in authority delegation. The authority of this worker is usually quite limited. He may make minor decisions but the major decisions are made by others. Thus he may decide about clothing, quantity of food intake, grooming, perhaps choice of activities, but he may not make major decisions such as those about home visits, choice of school, choice of treatment, and discharge date. The child in the institution sees himself, therefore, confronted with two sets of parental figures or substitute parental figures: those that take care of him and those that have power over him.

It is obvious that for the younger child some functions must be concentrated in the person who does the mothering. Since food giving and mothering are so closely connected, mealtime is a major event in the child care worker's day, and the same can be said for many other of her activities during the day. The development of language and locomotion depends greatly on the motherly presence of a stimulating, approving, and protecting adult. The delegation of some of these functions to others during part of the day may be possible for the child between two and five. It seems to me almost impossible for the child under two. Even for the child between two and five, the child care worker's mothering function is most crucial and central. Suzanne Schulze has called child care workers the "hub of the wheel" of institutional operation. The child care worker of the preschool child is really the central figure. Even therapeutic services, where indicated, may be mainly transmitted through her. Educational services must be greatly concentrated around this central mother substitute or transmitted through her.

Staff-child ratios

There is no standard formula for the ratio of children to child care workers. In treatment centers it has been found that the ratio varies from one child care worker per child to one child care worker per eight children during the active hours of the day. The Child Welfare League's recommendation is for not more than six children of any age per child care worker; fewer when younger children are to be cared for.

The total staff needed for a unit of, say, twelve children depends on many factors: (a) the daily working time of the child care worker; (b) the work week of the child care worker; (c) the amount of time children spend in other activities; for instance, nursery school. The era in which a child care worker took care of children all day and all night is long past. We now have a 40-hour week for child care workers. Since a week actually contains 168 hours, and children need care during all this time, four sets of people are needed to take care of them, divided among teachers, night attendants, and child care workers.

Because of this, children in group care are always exposed to multiple mothering, simultaneously or consecutively or both. The problem is further complicated by the fact that child care workers work a

CHILD CARE STAFF HOURS NEEDED FOR TWELVE CHILDREN

age of the 12 children	time of day	number of hours	number of workers needed	total hours
2 years	7–9 A.M.	2	4	8
	9–1	4	4	16
	1–3	2	2	4
	3–8	5	4	20
	8–7	11	2	22
3 years	7–9 A.M.	2	3	6
	9–1	4	3	12
	1–3	2	1	2
	3–8	5	3	15
	9–7	11	2	22
4 to 6 years	7–9 A.M.	2	3	6
	9–1	4	2	8
	1–3	2	1	2
	3–8	5	3	15
	8–7	11	1	11

five-day week and have four or five weeks' vacation during the year. This constant changeover brings an unavoidable element of turmoil into the children's lives, which is no doubt more detrimental for young than for older children.

Obviously, then, a very large child care staff is needed for preschool children. Let us consider a hypothetical group of 12 children in an institutional setting, a number proposed for administrative, not living, purposes. I have worked out a table to suggest the number of staff hours needed to serve these children. It is based on the assumption there are certain hours during the day in which more caretakers are needed than at other times, and that the youngest children need more caretakers than those who are older.

I conclude that for a group of 12 two- to three-year-olds, 70 hours coverage is needed for the 24-hour day. For three- to four-year-olds I calculate 57 hours of coverage required; for four- to six-year-olds 42 hours coverage. The average working time needed per day for 12 children two- to six-years-old is 52 hours. These are not exact figures, of course, but I think they are approximately correct.

This means that 364 working hours of coverage per week is needed for 12 children. One must add to this, at least one-fourth as much for preparation, management, training, supervision, contact with other staff, etc. or 91 additional hours, which means 455 hours per week. In other words, $11\frac{1}{2}$ child care workers, each working a 40-hour week, are needed in an institutional setting to take care of 12 children.

If one figures further that four weeks vacation and an average of five days' sick leave may take every child care worker out of operation for five weeks per year, one must add an additional 57 weeks per year. This brings the total number of child care workers to be budgeted for 12 children to $12\frac{1}{2}$. This figure includes teachers and may be reduced if outside nursery or other school facilities can be used. It does not include caseworkers, supervisors, administrative, kitchen, household, and maintenance staff. Such staff can, of course, serve more than 12 children but, prorated, the number would amount to an equivalent of two more people per 12 children. Furthermore, medical care will be used by all, and special treatment by some of the children.

I could not calculate the amount of staff needed for children under two years of age. It seems to me that full-time group care for these children—with the dangers of multiple mothering, simultaneous and consecutive—is so likely to be damaging that other arrangements have to be made for them. Perhaps a new and realistic plan could be developed to provide a kind of foster family care within an institutional or organizational structure. Such a plan would place foster parents on an employee status, provide them with adequate housing, commensurate salaries, vacation, regular babysitting help, day care, etc. Under these circumstances it may be possible to secure good foster parents for children under two years of age.

Turnover of staff

As though there was not enough change in the institutional child's life, there is another factor that complicates matters further: the great amount of turnover among child care workers. It has been estimated that in the average institution for school-age children, as much as one-third of the child care staff leaves each year. This turnover is balanced, in part, by another third of the staff that remain at the institution for many years—in a few cases to the point of diminishing returns. These people are often regarded by children and staff as the backbone of the institution. The other third of child care workers have a professional stability of two to three years, after which time they move on to other activities.

The reasons for this turnover are manifold. One of them is certainly prosperity, and therewith the opportunity for better jobs. When jobs are easily available, it is hard to retain people on jobs that, for instance, force them to work on evenings and weekends. Another reason may be the personality and motivations leading people to enter employment as child care workers in the first place. Some of them plan to take the job only for a rather short period of time. The turnover is greatest among younger people and is lowest among single women over 45.

Another reason for the high turnover is working conditions. In many institutions a 40-hour week is not yet in effect. Even if the child care worker's day does not exceed 8 hours, these 8 hours are often extended over a 14-hour period, with some more or less useless time in between working periods. Thus the actual free time available to child care workers is not comparable to the time off they would have in industry.

Another reason may lie in the limited opportunities for advancement on the job. Regardless of the quality of his performance, a child care worker is likely to remain a child care worker, since supervisory or administrative positions in most institutions require more training than the child care worker brings to the job.

Still another—and maybe the major one—is the nature of the work itself. Child care is the kind of work that necessitates a certain amount of professional mortality because of the high demand it makes on the personality of the employee.

Recruitment

Who becomes a child care worker? In a study of our own staff that we made in 1963 we found three types, which we named "cottage-parent type," "people in search of a calling," and "professional child care workers."

The first type consisted largely of lower-middle class people who were about 45 when hired. These were people of limited social interests, who had spent more time making a living than searching for fulfillment—good solid citizens without undue restlessness and status drive. Most of them did a valuable job within the limitations of their emotional flexibility. Their values were set. Their lives had come to a more or less peaceful flow. They had their own ideas of rearing and educating children based on many years of experience. Usually, however, these ideas were not strong enough to conflict with any other ideas presented to them in inservice training.

It seems to us that this is the group from which a good number of child care workers for preschool children could be recruited. It may be, however, that they may be a bit too old to endure young children's active play and locomotion, and may not have the ability to identify sufficiently with these children's need for activity and stimulation.

The second group consisted of young men and women who had a great desire to do something useful and worthwhile in their lives but whose background, culture, fortune, or education had not permitted them to satisfy this desire. The plans for their vocational future had not taken concrete shape; their planning was still a mixture of reality and fantasy. These were young men and women looking for fulfillment in life. Because of this they were open to change and to learning and could be trained relatively easily.

The third group, the "professional child care workers," were people who, through personality and interest, if not through training, were able to understand the individual personality of the disturbed child, see his behavior as a part of a total development, and carry out a group-living program adaptable to each individual in line with his treatment needs. Whether this sort of person is needed for the care of normal preschool children I cannot say.

It may be possible to recruit some child care workers from the ranks of nursery teachers. Certainly, nursery school classes should be a part of the program of the preschool group. If a substantial number of child care workers could be recruited from this group the problem of finding professional child care staff would be significantly relieved. Unfortunately, the present shortage of nursery school teachers makes the expectation to recruit child care workers from this profession unrealistic, except for some time-limited research projects. The same may be true of the hope of recruiting trained nurses and practical nurses for this job.

Selection of staff

The selection of a child care worker is a rather difficult process. Very seldom do available personnel and vacancies coincide. Budgeting limitations make it necessary sometimes to reject a qualified applicant while, at other times, the urgency of the need for staff may make an unqualified applicant relatively acceptable. It is desirable, therefore, to have sufficient flexibility in staff plan and budget to hire a child care worker before she or he is actually needed. This will allow not only for a greater flexibility in selecting workers but also for training prior to assuming the actual function.

The actual process of hiring has to be a careful one. One of the major problems is the difficulty in helping untrained people anticipate the actual vicissitudes of the job, particularly their own potential reactions. Tests that we have developed and used in the past proved only temporarily and partially helpful.

The vocational history of the applicants may have only partial or no relevance to the work they are expected to do. Such basic characteristics as warmth, absence of punitiveness, flexibility, ability to work with others and ability to accept professional directions are hard to assess in interviews.

I recommend that a number of well-trained, therapeutically experienced people interview the candidates and try to evaluate their potential. Since it is difficult to describe the job accurately to an inexperienced person, the use of a senior child care worker as one of the interviewers is often desirable.

I also recommend an observation period on the job prior to the finalization of employment. The dependency needs of the candidates, their reaction to authority, to the power structure, to the "experts" are often apparent only after they have entered the job. In work with disturbed and delinquent children, an applicant's fear of such children (fear of being hurt or of hurting) has to be assessed, as well as his reactions to bizarre and symptomatic behavior, his "rescue fantasy," and his ability to "share" the child with others, including the child's parents. In addition, his technical skill in child rearing, education, and recreation has to be considered. While not all of these factors need to be considered for caretakers of preschool children, it is a safe assumption that a number of them are potentially important.

Inservice training

Training patterns for child care workers in this country are as numerous as there are institutions. The basic question has not been answered yet: how professional does a child care worker need to be? Between the postgraduate professional training for child care workers that Jerome Goldsmith aspires to and the limited intramural training within the institution that James Berwald prefers lies the whole scale of training patterns practiced at the present time.

Since preservice training has not yet been established in the United States, all training of child care workers has to be inservice training. This training has to be oriented toward many areas, such as child development, group interaction, communication, etc. It is usually given in the institution by the professional staff and is likely to consist of group sessions and individual supervision. The latter is the most important part, dealing as it does with the child care worker's reaction to the assignment and his use of his own self in the performance of his job.

Some welfare federations, universities, schools of social work, local and regional associations of child care workers have developed part-time training courses. These courses, dealing didactically with some of the concepts of child care, can be helpful if they are not too far detached from the child care workers' practical experience. Usually, the combination of intramural and extramural training seems to provide child care workers with a widening and deepening of knowledge and self awareness.

Training has to be adapted to the type of person being trained. The type described above as "cottage parents," for instance, is apt to consist of people who are quite set in their ways and capable of only a limited degree of professional development. Training for such people must accept and attempt to use their personality assets and their basic approach to children and emphasize communication and cooperation with other staff of their own or other disciplines. In contrast, the type described as being "in search of a calling" consists of people who are very interested in new concepts and their own role in the development and treatment of children. They can learn a good deal from training and benefit also from contact with professional staff. Attention in supervision must be given to their possible rescue fantasies and their impatience and perhaps over enthusiasm.

One of the chief concerns of training must be to help child care workers take hold of situations and make decisions when required, without being inhibited by the presence of many experts. Since these workers have to learn from the specialists and carry out clinical decisions in everyday life situations, their reliance on their own ability to handle situations must be constantly supported. This is sometimes difficult because many child care workers are dependent people who come to the institutions with an unconscious desire for a strong parent who will make the decisions for them.

Preservice training

In order to make child care work a profession comparable to nursery school teaching, education should not be confined to on-the-job training but should precede practice. This may seem as impractical and idealistic today as professional education for social work seemed 75 years ago. The present demands made on child care workers in the institution, however, make preservice professional training unavoidable. Through such training, the professional identity of the child care worker, his personal approach to his work, his relationship to his fellow workers and other disciplines would achieve a new, more independent and efficient level. While this is acknowledged by most specialists in the field of residential group care, attempts to develop such a profession are in their earliest infancy.

Recently, some universities have tried to develop courses—some brief, some as long as a year. Some junior colleges are planning two-year (freshman and sophomore) courses in child care leading to an associate degree.

When this training becomes available, recruitment will be a problem. High school graduates may be rather young and immature to be prepared for the mothering functions included in child care work. There is a possibility that some older people may be looking for a second profession, but whether they could undertake formal training is another question.

In conclusion, we believe the job of child care worker for preschool children is a crucial one with many facets. While it is centered around the ability of the child care worker to become a substitute parent, there are many aspects that can and need to be learned. It does not appear to us to be necessary that these people remain dilettantes. I am glad to hear that Dr. Provence's project will include a training program for child care workers. I hope it will be experimental and that it will be written up, for the whole field of child care could benefit from such an experiment.

A DAILY PROGRAM OF CHILDREN'S ACTIVITIES

ELEANOR HOSLEY

I WAS ASKED by our chairman to discuss the general question of planning the activities of young children in a residential facility. In responding to this request, I draw upon my experience in day care and also upon my recent work with an Office of Economic Opportunity project that tries to find day care homes among low-income families. The latter experience, with its finding that good foster homes can probably be secured if adequate financing is provided, leads me to suggest that we should try to do something much different from usual in providing foster care. I shall talk first, however, about programing generally and then describe my new plan, which includes what I call satellite homes.*

I tried very hard to devise a good program for infants and toddlers in an ordinary institution but I gave up. I concluded that it would be virtually impossible to create a sound, lasting situation under the current 40-hour week limitation on staffing. I am talking about longtime care, not the brief care for infants that Miss Tynes has described so interestingly. I think it preferable that all children who are less than six years old be cared for outside an institution. Nevertheless, I think it conceivable that adequate arrangements for children three and older can be made in an institutional setting.

The daily schedule

In an institution it should be possible, as Mr. Mayer has indicated, to plan in such a way that the same person—the child's particular caretaker—would have supper with the child, spend the short evening hours before bedtime with him, put him to bed, be available to him if he waked during the night, and have breakfast with him. Here I am assuming that child care workers for young children sleep in the institution. For the child who has nightmares, it seems to me very important that somebody he is very familiar with be there.

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*Miss Hosley's plan for a new kind of foster care organization has been placed at the end of this report. See pages 88–89.

For children from three to six a nursery school or kindergarten, which would last from nine to three o'clock, should be provided. For both teachers and children, the law of diminishing returns accelerates after six hours of being together; indeed, the decline probably starts sooner for the younger children. It is true that in our own day care center some children stay as long as nine hours. I don't think this is really good for them; it is just better than what is otherwise available.

The provision of nursery school and kindergarten would make possible a seven- to eight-hour day for institutional workers. In the satellite homes described below, the absence of some children during those six hours at school would give the foster mother an opportunity to devote special time to the care of the younger ones and also to shop and do housework.

For the remainder of the day, the children will be with or near their child care workers or foster mothers. Here they should have considerable opportunity for choice of activity and for being alone or with others, sometimes indoors and sometimes out. In the evening there will be supper and a quiet playtime before preparation for bed. In general, younger children should go to bed before older ones, making it possible for each child to have some time alone with his caretaker—perhaps only fifteen minutes but at least long enough for a story, a song, a game, or a short, individual conversation.

Weekends present a problem in programing chiefly because of the exigencies of staffing. Where there are relatives that can be visited, this would be the time for it. Presumably most of the children, however, will not have this kind of resource.

I hope, therefore, that the needed consecutive time-off for child care workers can be arranged in such a way that each two children can have time alone with their particular worker for a morning or afternoon during the weekend. This time should be devoted to an activity that has particular meaning to the three people involved. It might mean baking a birthday cake, "writing" a letter to a child who has left, shopping, or engaging in some creative activity they all enjoy. The children's individual needs and perhaps both the children's and child care worker's special talents should influence what is to be done.

This would leave a day and a half when plans would have to be made for substitutes of one sort or another. I know that some institutions have experimented with "Golden Agers" as substitute grandparents. This might be a regularly planned activity for each weekend. To some extent the children could play by themselves if they wanted to, especially if each had a place to store his own possessions. There should be an outdoor space that is supervised, with swings, slides, sandbox, and wheel toys. On Sunday mornings, there could be a Sunday School of some sort for two hours. In general, however, I find it very difficult to plan a weekend program without knowing more about who the children would be and what the resources are. The important consideration is to have as little change of caretakers as possible.

Nursery school

In any nursery school, constant change of children is a disturbance. For the foster children we are talking about (to many of whom the violent disruption of their daily lives has come like a bolt out of the blue) healing would not be possible in a kaleidoscopic scene where one's friends (and perhaps even worse, one's enemies) were forever permanently disappearing. One of the important contributions of a nursery school to a child's development is the opportunity it affords to make friends with his peers. I am talking of meaningful relationships that endure through episodes of rivalry, anger, and grief, not just the learning of superficial, Madison-Avenue techniques of making smooth and meaningless contacts. Such learning cannot take place in an atmosphere of constant change. The lessons of cause and effect in getting along with people cannot be learned with one person today and another tomorrow.

I suggest therefore that no child be admitted to the core nursery school program who has not been in the institution for at least two months and who would be remaining there at least three months longer. This means, of course, a different program for new or transient children. To this I will return briefly later.

All children should enter a nursery school gradually. For children living in institutions this means longer and longer visits—and the entering group being kept small. In addition, both the entering children and those already in the school should be well prepared for each other.

All children, and particularly those who have been utterly unprepared for disruption of their lives, need the security of knowing as precisely as possible what to expect during a day and in the immediate future. The children we are talking about will probably not be adept in putting their hopes and fears, their anger and sadness into words. Part of their preparation for school should include discussions of their reactions to this new experience. They should also be allowed transition objects—whatever has meaning for them: a blanket, a doll, an old sweater, or what-not. All this is done to further the aim of the school, which is primarily to strengthen the child's ego development.

Preparation for school is needed not only before entering but from day to day. Before they enter, the children should be told the general routine and the rules and limitations. They should be told that the teachers are there to keep them safe, that other children or teachers will not be allowed to hurt them, and that they will not be allowed to hurt each other or other people, big or small. Many of these children will have seen much violence and may themselves have been victims of it.

In school the same information should be given. The children will not, of course, believe the teacher at first, and many of them will have to do a great deal of testing to see whether what they say is true. One of the lessons they can gain from both school and foster home is that there are places in the world where differences are settled with words rather than physical violence. Insofar as they can gain security, both in their expectations of others and their mastery of their own emotions, the children will have more energy for constructive work.

Program of activities

Along the same line, these children need a more structured program than is usually found in nursery schools. They especially need to know what to expect; they are particularly likely to have trouble with transitions. Many of the children will not want to move on to the next part of the program, whatever it is. Many will take too long to get dressed to go out; many won't want to come in, etc. Transitions will have to be well planned with appropriate help at strategic spots.

When the children arrive in the morning, it will be important to have activities laid out for them to see which will interest them. Here there is room for variety. Particularly at first, many children will need help in getting started, but ultimately most of the children should receive enough stimulus from the material and from each other to begin the day's activities with no more than a word from the teacher.

For these children the development of language skills is of major importance. Many of them come from situations where adults do not converse with young children and where the use of language in any context is relatively limited. This is an area where the foster parents may be weak and need help.

School should provide the children with many opportunities to talk with grownups as well as with children. They should be encouraged to talk about their daily experiences, to tell about trips they have gone on, to ask questions, to react to stories as well as to listen to them, and to express feelings verbally insofar as they are able. The teachers should take every natural opportunity to talk with the children.

In general, the school program should include all the elements that are in any good nursery school or kindergarten program. There should be an abundant opportunity for a variety of creative activity: blocks, paints, crayons, carpentry, cutting, cooking, etc. All sorts of ways of helping the children with a number of different kinds of skills should be used. The more real the accomplishments the children achieve, the greater the security they will have within themselves.

The children should have a chance to sing, to move rhythmically, and to listen to appropriate music. There should, of course, be stories. Here special attention should be paid to where the children come from. Not all stories that would be right for middle-class children would be right for them. There should be stories about children whose experiences they can identify with, even if the teachers have to make them up themselves.

There should be plenty of stories about the everyday facts of everyday life. There should be ample opportunity for the children to ask questions.

There should be various simple explorations of the world around them: occasional short trips to stores, to a fire house, or to whatever is suitable and within reasonable distance. Any break in the routine, such as a trip, should be planned and explained in advance, however, not just on the day it is to take place.

The children should have a snack in the middle of the morning and when they get up from their naps, as well as a good noonday meal. They should be allowed to decide how much or how little of any item they will eat.

After lunch comes a rest time. Although it would be well to give them privacy, by being separated from each other by screens, they should be able to see the teacher. The younger children should be allowed cuddly dolls or animals, the older ones quiet occupations—books to look at, crayons, etc.—in case they don't need to sleep. The nap period might be three-quarters of an hour for the five-year-old children, and an hour and a half for the younger ones.

This plan will permit an hour or two of outdoor and indoor activity after naps. Foster mothers or child care workers should call for the children at about three o'clock.

New entrants and transients

Before concluding, I want to say a few words about new children and transient children, those whose stay is expected to be brief. These children will need as much time as possible with a caretaker whom they will not have to share with more than one or, at most, two others. In addition, I cannot see how, even for these children, it would be possible to plan a program that did not involve some sort of nursery school or kindergarten program for most of the day. But for the sake of both these children and the others, special arrangements in the school should be made. Perhaps it can be arranged that these new or transient children go to nursery school a half-hour earlier and stay a half-hour later than the others, and that they have small rooms of their own, with two teachers for each six children. This would permit a good deal of individualization during the day. Perhaps extra staff would be needed to give them more special attention than the children who have lived in the institution for a long period receive.

The school rooms that these children occupy should be near to those of the regular group in order to ease the transition when and if it comes. The rooms, however, should be insulated, for these children will inevitably cry more, and angry or forlorn wailing is often very distressing to other children. The latter will have to cope with enough of their own feelings of grief and apprehension and should not have them unnecessarily aroused by the feeling of these other children.

The teacher's effort in the small group would be directed to give needed comfort and support and, most important, to get the children interested in constructive activities. The procedures used would depend on whether there was a predominance of out-of-control children or of withdrawn or overwhelmed children in the group. A peak time of anxiety would be naptime. The children should have quiet, toys, and books, and their teacher should stay with them. Above all, they should not be expected just to lie down and keep still and go to sleep.

In conclusion

In conclusion, I must say that I do not consider an institution a satisfactory place for young children. I believe that enough good foster homes could be found if it were accepted that taking care of young children adequately is expensive and that foster parents do valuable work that is worthy of good pay. Continuity, flexibility, and belongingness can be more easily achieved in suitable foster homes than in institutions. The problem in foster care today is not so much inherent in foster care ***per se*** as in lack of remuneration and auxiliary aids.

HEALTH CARE OF YOUNG CHILDREN IN INSTITUTIONS

MARTHA LEONARD and MARY McGARRY

FOR CENTURIES the care of infants in institutions was a tragic tale of early death. Nevertheless, residential care of children was commonplace in spite of the tremendous mortality. For instance, in 1756 the Foundling Hospital of London reported that of nearly 15,000 babies received in a four-year period, over 10,000 died in early infancy. As late as 1903 one of the great foundling homes in Germany reported that over 70 percent of the children died during the first year of life. In 1915, statistics from ten residential homes in Eastern United States showed mortality rates of from 31 to 75 percent before the end of the second year.

Contagious diseases were the chief cause of loss of life. In a measles epidemic described by Spitz, every child in the institution developed the disease. A fourth of the children died, as compared with 0.5 percent in the community. Spitz described the extreme susceptibility to infection and illness of any kind. As he puts it, "Their vitality (whatever that may be), their resistance to disease was progressively sapped."

As some problems of infection were controlled and children survived longer in institutional settings, the devastating effects on personality development and cognitive functions became apparent. Spitz and Goldfarb described early institutional care and its effects on personality and intelligence. Bowlby summarized the world literature and concluded that lack of adequate maternal care was the important detrimental factor in institutional living. Drs. Provence and Lipton made a detailed longitudinal study of normally endowed infants reared in a physically adequate institution, comparing their experiences and developmental characteristics with infants reared in families. At the end of the first year the institutionalized infants were different in many ways from babies reared in a family environment. They were impaired in motor, language, and social development; their play was impoverished; and they showed little investment in the environment and in themselves.

Suppose, however, that this problem too could be dealt with. If a group setting is feasible, what would be the health needs of the children and how would they differ from those of family-reared infants? What are the principles involved in establishing a plan for their health care?

Some Psychological Considerations

One of the World Health Organization's working papers on the health problems of infants in institutions refers to standard practices in homes for infants all over the world as aiming to ensure care which is "satisfactory from the health viewpoint." "Health" in this context means good nutrition and prevention and treatment of disease. We pediatricians prefer as the definition of health: "a state of physical, mental and social well-being, not merely the absence of disease or deformity."

Consideration of psychological factors is important not only for mental health but also for growth, weight gain, and physical health. An excellent example was reported by Widdowson in which two orphanages in post-war Germany were selected for nutritional observations. Each contained about fifty children from four- to fourteen-years-old. The diets consisted of barely adequate, official rations. Heights and weights were recorded every two weeks for six months. The children in orphanage A gained an average of three pounds, the expected gain for six months; on the same diet in orphanage B, the average gain was only a little over one pound.

Then the diets of orphanage A were supplemented with unlimited quantities of bread, jam, and orange juice, and the measurements were continued for six more months. The results were completely unexpected. During the second six months the children in orphanage A, in spite of the extra supplements, had a slower weight gain than in the control period. But the children in orphange B had a sharp rise in weight. The effect on height was similar but less marked.

What had happened? It was discovered that the matron from orphanage B had been transferred to orphanage A. She was a stern, forbidding woman, unreasonably critical, and accustomed to using mealtime for public censure. Without a change in diet, the weight gain of the children in orphanage B increased after she left. In contrast, the children in the orphanage to which she went gained more slowly in spite of the offering and the actual ingestion of extra food rations.

Studies by Patton and Gardiner, Blodgett, Barbero, and others of family-reared infants who fail to thrive in spite of the absence of organic disease have shown strong correlations between maternal deprivation and inadequate growth. In a current study of such children, we in the Yale New Haven Medical Center have seen severe retardation in both height and weight associated with deviations in mother-child relationships. Some mothers were overwhelmed and depressed or anxious; others were hostile and punitive. One five-year-old boy, who was the size of an average three-year-old, grew three inches in six months after placement in a nurturing foster home.

If environmental stresses can be anticipated, a child can be prepared in ways suitable to his understanding. This involves knowing what constitutes "stress" for a particular child. Freedom to express his feelings to people who can accept and try to understand and comfort helps a child to master adverse circumstances instead of being overwhelmed by them.

Characteristics of Young Children Relevant to Health Care

In planning the health care of young children in residential settings, we must take into account the general characteristics of young children which influence their health needs:

1. The period of helplessness and dependency in the human infant is prolonged compared to other species.

A necessity for every young child is loving care by a warm, nurturing person. Her tender, physical handling provides stimulation for the development of gross motor skills and the organization of body image. She also guards him from danger during the time when his motor drive and insatiable curiosity exceed his wisdom or his judgment, and she teaches him to value and safeguard his own safety. We believe it is essential for the young child's optimal physical health, as well as for his personality development, that his caretaker be a constant person to whom he can form a trusting relationship.

2. Rapid growth and change are characteristic of early childhood.

Although growth occurs continuously from conception to maturity, it does not progress at a uniform rate, being more rapid in the course of the first twelve months than ever again. Maturation and development are also rapid in infancy, with the various developmental phases characterized by both specific vulnerabilities and the emergence of specific capabilities. These phase-specific characteristics of childhood, as well as the individual makeup of a particular child, must be considered in caring for his health.

People caring for young children need understanding of normal changes in feeding patterns and of the effect of early feeding experiences on children's attitude toward food. The infant's first relationship to a person through repeated feeding experiences may lead to love and trust or to frustration and dissatisfaction. Weaning and changes in consistency of food provide experience in adaptation to newness. The child's increasing autonomy is reflected in discrimination between foods and insistence are self-feeding. The toddler's messing in food is a normal precursor to neatness and proficiency in using utensils. Suitable appetizing food of appropriate quality and quantity and an atmosphere which fosters the enjoyment and digestion of meals are equally important for good nutrition.

3. Susceptibility to infection characterizes the young child.

Although the infant is born with immunity to some diseases that his mother has successfully overcome, this protection is gradually lost over the first six months. Thereafter, the incidence of infectious disease is higher until the child develops his own antibodies from exposure to disease or immunization.

Are children in group life more susceptible to infection than family children? While comparative studies of the incidence of infection in these two groups do not exist to my knowledge, there is probably more infectious disease when groups of children live together. This is probably the result of increased exposure rather than decreased resistance to infection. Some diseases which commonly occur are respiratory infections, especially those caused by viruses and streptococci, the so-called childhood diseases, and ear and skin infections.

Since young children in residential settings are so vulnerable, attention to prevention of infection is of utmost importance. This includes elimination of exposure to unnecessary infections, immunizations, and appropriate measures in the event of specific communicable diseases.

4. Young children are especially vulnerable to stress in the environment.

Even normal crises (such as the birth of a baby or the illness of a parent) may have detrimental effects on the health and development of a child. The severity of the impact is determined by the magnitude and chronicity of the stress, the age and developmental stage of the child, and the emotional support he receives during the crisis from the people he has learned to trust. His way of reacting may take various forms, such as changes in affect, behavioral disturbances, or development of symptoms which might be considered psychosomatic. Reports from some "children's homes" stress the high incidence of vomiting, loss of appetite, unexplained frequent loose stools, "dyspepsia," and eczema. Other observers have been impressed by the absense of such symptoms. We wonder whether this represents a real difference between two kinds of residential settings.

In contrast to the severe growth impairment resulting from hostile maternal attitudes, two recent reports from children's homes tell what happens when there is inadequate mothering and lack of personalized care but little emotional conflicts. These adverse psychological conditions had devastating effects on personality development but the physical growth of the children was within the average range.

5. Children tend to regress during illness and hospitalization.

This is expressed in a variety of ways—by whining, clinging, increased dependence on the nurturing person and/or loss of recently acquired functions. Meeting these increased dependency needs is important in times of stress. But it is equally important to promote a return to his previous level of achievement when the child is well.

6. A child's learning depends on opportunities and encouragement provided by the environment.

Careful planning provides a balance between consistency and variety, motor activity and rest, learning situations and free play, socialization and times to be alone—the "moments of peace" advocated by Dr. Provence. The desirable flexibility in the environment is facilitated when the individual needs of each child are understood by the staff member who knows him best.

7. A normal part of personality development is the striving for individuality.

This is likely to be more difficult if a child always perceives himself as one of a group. Special efforts are required to establish his respect for himself as an individual of worth. Promoting such self-esteem is a prime aim of one-to-one nurturing. Other measures include communicating to the child that someone likes him as an individual person, providing him with an area of privacy, personal belongings, free time for his own interests, and encouragement for appropriate autonomy.

A Medical Program: Some Difficult Questions

We now turn to consider the medical program of a residential center. Health supervision for each child should begin with a thorough medical history and a physical examination on admission and at regular intervals thereafter. This provides a longitudinal appraisal of each child's growth, development, and health, with opportunity for early detection and treatment of abnormalities. Prevention of illness includes regular immunization and prophylactic measures in the presence of specific communicable diseases.

Health education can be a natural part of group-living experience. As a child develops increasing autonomy in other areas, he can assume appropriate degrees of responsibility for the care of his own body. He can learn about the structure and function of his body, sex differences, and the establishment of healthy patterns of eating, sleeping, and activity.

In spite of optimum health supervision, illness will sometimes occur among children and staff. Planning for sick children's care raises some difficult questions, among which are the following:

1. **What is the meaning of illness to a sick child?** An infant is probably bewildered by unexpected and unpleasant sensations and inability to find comfort. A toddler may regard illness as an unwarranted and unjust attack. An older child may experience it as a punishment for some real or imagined misdeed. For any child, specific meanings are probably closely related both to immediate life circumstances and relationships and to the past.

2. **What effect does group living have on the meaning of illness?**

3. **How does his group experience affect a child's reaction to illness?** A former colleague from Israel has described the characteristic self-sufficiency of the kibbutz child when in a hospital. He adapts well, at least on the surface, with friendly and cooperative relationships and with resourcefulness in keeping busy and happy.

4. **Who should care for an ill child in an institution?** As a sick child in a family needs his mother, a child in group care may want his special mother-substitute to be with him. Is this practicable in view of this person's working hours and the needs of the other children under her care?

5. **Where should the ill child be cared for—in his own room, an infirmary, or a hospital?** In former years the grim reality of uncontrollable epidemics led to strict efforts at isolation. Present understanding of the communicability of disease teaches us that most infections are widely disseminated before the appearance of the first symptoms. In addition, many of the dreaded bacterial diseases can be readily controlled by antibiotic treatment and prophylaxis. What, then, is the impact of isolation on the sick child, and when is it really necessary? How can we balance the need of the sick child with the protection of the well ones?

6. **What therapeutic measures can be used to enable a child to cope with illness?** The importance of his special child care worker has already been mentioned. Explanation of what is happening to him at his level of understanding can reduce his confusion and his anxiety. Activity within the bounds of his disability provides an outlet for the discharge of tension.

7. **What reactions can be expected from the rest of the children?** What help might they need? If the sick child has been removed from the group, could visiting be arranged? Could the child care worker be shared between the sick child and the group?

8. **What happens when a child care worker becomes ill?** Can she be expected to continue on the job as a sick mother often has to do? What is the responsibility for protecting her own health and for protecting the children from her illness?

Our aim of considering health in its broadest aspects makes the answering of these questions difficult. The answers may vary in different residential settings, and further research is needed as a basis for optimum planning.

COMMUNITY ORGANIZATION FOR INSTITUTIONAL CARE OF CHILDREN

JANICE BOWEN

DR. PROVENCE asked me to tell you a bit about a study of the need for an experimental group care program for young children in New York City. I made the study under the auspices of the New York Fund for Children but what I shall say about it deals not so much with the findings but with the community organization arrangements that are needed to support good service in an institution. I shall talk about the situation in New York City because it is the metropolitan area that has the largest number of children in foster care in the United States. Of all the children under the care of voluntary agencies, about 23,000 live in this one city. In this metropolitan area of tremendous size, with tremendously difficult problems, we have a community organization pattern that does not effectively serve the children in foster care. I want to tell you why.

In New York City the public agency assumes responsibility for the determination of need and eligibility for care. For the most part, it purchases services for the children from voluntary agencies. It itself provides foster care for only about 10 percent of the children it certifies as eligible.

The services provided by the agencies are divided along the lines of short-term vs. long-term care. Approximately three-fourths of all the children coming into care in New York City come on the basis of an emergency. They go first into shelter care, where they wait for plans for their care to be made. Some of the shelter agencies provide care for children under two years of age; some for children from two to six or from three to five; some for older children. I am going to confine my remarks to the care of children under six years of age.

Shelter care for these children is provided by a variety of agencies. The public agency itself has a large program that accounts for about half of the young children in shelter care. After "planning," these children are referred to the voluntary agencies of the religious faith of their parents.

The "long-term care agencies," too, are segmented along religious lines as well as by those of age and sex. The public agency has to deal with approximately 75 different voluntary agencies in seeking care for children. Forty-one of these agencies provide care for children under six years of age.

This gives you some idea not only of the extent of the problem but of the community pattern for providing service. How this affects children can be left to your imagination. The New York Fund for Children, the agency I represent, asked me to study this pattern of foster care arrangements because it is interested in the possibility of developing an experimental group care program for young children in New York City. The program would be carried on not only for the purpose of learning whether and how group care might be provided safely but also for the purpose of determining whether it would be feasible to do this in New York City.

The feasibility of the introduction of any new program in a community, particularly a demonstration program, depends on the community being able to support the new service in a very real sense. The community should be one in which the project would be able to choose the kinds of children for whom it would provide care, and in which there would be a reasonable guarantee that the children would be cared for adequately once they moved from the new project to the care of other agencies. You can see what would have to be done in a city like New York before the proposed new program would really be feasible; that is, before a new program that would be supported by the agencies themselves would be possible of accomplishment.

This leads me to say something about the community organization pattern of providing child welfare services. Every large metropolitan area in the United States has some of New York City's problems. No community in the United States has so organized its services for children in a way that adequately supports their needs. I would suggest that at least a partial reason for this lies in the historical development of social services. As I have gone around the country and studied agencies and communities in relation to child welfare needs and child welfare services, I have felt that what we really need in order to remove ourselves from our past is to start all over again. I am not sure but what we shall have to do it.

I think one of our big problems has been the inability of many agencies to work with each other. We can look at almost any community in the United States and find that this is true. This has led me to the conclusion that the best services for children can be provided by an agency that incorporates within its own structure all of the services required. The idea of the development of services on a neighborhood basis also holds great promise. But it holds great promise only if there is a single administrative agency holding responsibility for all of the services that are provided for children and their families.

SOME OBSTACLES TO GOOD FOSTER CARE

BEATRICE L. GARRETT

DR. FREUD, Miss Hosley, and others have expressed the belief that the inadequacies that have been noted in caring for children in foster families are more the result of out-moded policies than inherent in foster family care itself. The provision of sufficient foster families of good quality for the many children who need this care is limited by certain aspects of both the external and the internal situation.

One immediate consideration is the large number of children in foster care. On March 31, 1965, there were 283,300 children in foster family or institutional care in the United States. Sixty percent of these children were the responsibility of public agencies and 40 percent of voluntary agencies; 75,500 were in some 1,300 institutions, 85 percent of which were under voluntary auspices. The division of responsibility between public and private is not quite what these figures imply, however, for public funds pay for the care of 41,600 children of the 109,400 children who are in voluntary agencies' care. These figures cover children of all ages. I cite them because the weight of the numbers and the lack of adequate resources affect what we can do for young children as well as for other children.

One of the limiting factors to providing good foster care is the fact that less than 2 percent of the available funds come from the Federal Government. This means that requests for State and local dollars for foster care have to compete with requests for money for highways and education, which State and local government also largely finance. In addition, the amount of money that is available from voluntary sources has not kept up with the increase in cost of care of children and their families. Foster family care is both underfinanced and understaffed.

To insure good results from foster care, it is necessary to encourage and prod the community to finance (and agencies to develop and use) more resources and services than we have now. Priority should be assigned to services that may enable children to remain with their families on a constructive basis whenever possible. Family casework, protective services, day care, homemaker services are essential to this purpose. Perhaps we should adapt an English experiment in which certain disorganized families were moved into housing projects and given much practical as well as therapeutic help in providing better care to their children. They were promoted to better housing when they improved.

Numerous adverse social and economic forces operating in the community have added to the difficulty of providing good service. Rapid urbanization and concentration of poverty groups in the central city are among changes which force us to consider how to reorganize our services. It is thought by many that if services were provided on a comprehensive, neighborhood basis, help could be given more quickly and more efficiently.

Finding and retaining foster homes is further handicapped by the kinds of problems children present. Many children come into care with unusual emotional and developmental damage. Recent findings in regard to battered children is just one illustration of this.

Emergency placement of children makes preplacement planning with foster families difficult and contributes to replacement and turnover of foster families. Too many children are placed on an emergency basis, many after they have been so damaged that the outcome is already in doubt. If enough services were available so that these children could be identified as soon as their families' inability to care for them could be reasonably substantiated and referral for placement were made, foster family programs could be more fully utilized to help children.

Needed resources and adequate organizational patterns are lacking. Public child welfare agencies cannot close intake. Their staffs are overwhelmed. The increase in number of children in foster family care each year is around 6 percent. About 50 to 80 percent of children in foster care are likely to remain in public agency care throughout their minority. Workers and administrators are up against an almost impossible task in developing foster family care to its full potential. With limited staff and resources, limited money for training, and limited opportunity to provide better care through such devices as payment of foster parents as employees, administrators have had to settle in many instances for less than adequate care and service.

Voluntary agencies can close intake in order to give a better quality of service to the children already under care. They can determine their own policies and practices more easily than public agencies. But they, too, have to depend on other agencies in the community. Few institutions have their own programs for placement of children in foster families. Multifunction agencies are few in number and programs similar to the satellite homes described earlier are almost nonexistent.

There is difficulty in maintaining a focus on treatment goals, particularly in urban areas with their complex agency arrangements. As illustrated by Mr. Gavrin, service is apt to become fragmented. Because of a lack of administrative focus on treatment goals, a child may be moved according to established procedures of the agency rather than for the purpose of securing specific services to meet his diagnosed needs. A child's parents or siblings may be under the care of other agencies and may be shut off from continuing relationship with the child.

Coordination among agencies is very important for a high quality of service to children and families. Many agencies, however, find that they have to devote a great deal of staff time and energy to making interagency relations work well. Many written agreements setting forth the function of each agency, clear lines of responsibility and authority, and the nature of the working relationships have been developed. But keeping channels of communication open, getting the right information to the right worker at the right time, securing and exchanging information of maximum helpfulness take much effort and much time. Moreover, both the importance and the difficulties of the problems of communication rapidly increase as the number of agencies and the complexity of roles of agencies increase in the community. Complexity and power struggles, on the one hand, and mutual interdependence, support and cooperation on the other, all affect, for good or ill, the quality of the plans that we work out for children.

These are some of the difficulties with which we must contend in providing good foster family care for children. These difficulties, however, are due to factors that can be altered to meet more nearly the needs of children who must live away from home.

V. SUMMARY AND CONCLUSIONS

IN THIS final section of the report, prepared by the Editor, the major points that were covered during the discussion of the papers are summarized under topical headings and are combined, as appropriate, with remarks made in the speakers' more formal statements. The line of argument is suggested by the headings: providing the needed kind of caretakers; making an institution more like a family; providing adequate stimulation; the question of continuity of care; alternatives to residential group care; a new kind of residential group facility; conclusions.

IS RESIDENTIAL GROUP CARE OF INFANTS AND YOUNG CHILDREN FEASIBLE?

THE EDITOR

IN THE FORMAL statements presented above and in the discussion that followed, the major developmental needs of infants and young children were identified, and some of the problems in attempting to meet those needs through residential group care were described.

As the discussion proceeded, it became clear that what this mode of care must provide depends, in some basic respects, on how old the children are and why they are in care. For instance, group care of children from intact, well-functioning families that maintain close contact (such as is exemplified in the Israeli kibbutzim and in some of the Soviet experiments) is not to be equated with group rearing of children whose parents are out of the picture. Group care of very young infants differs in some of its psychological requirements from care of those who are older. Group care around the clock is not the same as group day care, even though the latter covers many hours of the day. Group care aimed at effecting cultural change and group care that has therapeutic aims pose problems in relation to parents that distinguish them from care that has more restricted objectives.

Distinctions such as these were not elaborated upon but they served to clarify the Conference's major focus. It came to be seen that the chief question before the Conference was the feasibility of residential group care for infants and preschool children who have few if any links with their parents and who are likely to remain in foster homes until majority. What these children uniquely require from a child care institution stems from their parentless situation. It was these needs and the question of whether they can be met through residential facilities that the Conference was mainly about.

The first speakers listed the following as some of the major developmental needs of all infants and young children:

1. **Affection from a person of emotional significance**
2. **Continuity of care by that person**
3. **Adequate perceptual and cognitive stimulation mediated by interested and loving human beings**
4. **Involvement in the world of adults**
5. **Continuing help with the unavoidable problems implicit in emotional development**

In the succeeding papers and in the discussion, much was said about the means used and the difficulties encountered in attempting to meet these needs through child care institutions.

To summarize briefly, the Conference members seemed fairly confident that institutions can be staffed and operated in such a way as to meet two of these needs: affectionate care and stimulating experiences. Many useful suggestions were made as to how this can be done. It seemed doubtful, however, that conventional institutions can provide sufficient continuity of care to enable parentless young children (especially those under three) to develop the close relationship with a particular human being that sound personality development requires.

The Conference members, moreover, had little to suggest as to how institutional care can be made less child-centered and more related to the adult world. Nor was much said on how institutions can meet the last of the needs listed above—perhaps because the Conference was focused on administrative

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methods and problems rather than on those of practice.

Because of the apparently limited ability of institutions in these respects, the discussion kept coming back to the question of promoting and improving other means of child care. Services that would help parents keep their children at home were particularly stressed, financial assistance, guidance, day care, and homemaker services being urged. Adoption should be used more frequently, it was said, and foster family care should be strengthened in specified ways.

Without disagreeing with this, several persons were strongly of the opinion, however, that new forms and modes of residential group care can be devised that will overcome the present difficulties. Several suggestions along this line were made and a fairly detailed proposal was presented, as shown below.

The foregoing is too brief a summary to stand undocumented. It is obviously impossible in this sort of publication to give a full or perhaps even adequate account of all that took place during the three-day meeting. Under the following topic headings, however, the major points made along the line of the argument developed above are noted. The report ends with a proposal for what might be called a child welfare services complex. This proposal was made by Eleanor Hosley in her formal statement but is placed at the end of the report for the sake of emphasis and as an illustration of a new meaning that might be given to the term, residential group care.

Providing the needed kind of caretakers

Despite the agreement that babies and young children can be given affectionate, devoted care in an institution, it was recognized that this objective is not easily achieved.

In the first place, it is necessary to find and choose the sort of people that will make good child care workers. Age, it was said, must be considered. Not too old and not too young. Sex is a factor, too. Ideally some of the caretakers on an institution's staff should be men. How to assess an applicant's personality, motivation, and general fitness for the job is very difficult. This is partly because the job itself is hard to define, and a sense of its nature is difficult to convey to an applicant who has not done this sort of work before.

There was considerable discussion about likely sources of staff and likely ways of attracting the desired kind of people into the work. One point made along this line was that locating institutions in cities rather than in the previously favored rural surrounding makes recruitment of staff easier. If, in addition, the institution is placed near a university, a good source of supply may be at hand. Moreover, the possibility of a university connection is both attractive to potential staff members and useful to an institution's administrators.

Recruiting is made easier, of course, if child care workers are well paid and, perhaps more important, are treated as responsible, respected members of the staff. Good training and professionalization of the job would be very helpful in recruiting, as well as in other respects. European experience was cited in this connection. It was said that in the Soviet Union child caretakers are highly esteemed and that good training courses for the position have been developed. The same is true in Germany and perhaps in some other European countries. In this connection Morris Mayer remarked that on first coming to the United States he found it very strange that child care workers were totally untrained and that children were left in their care 167 hours a week and that they spent only one hour a week with a trained case worker.

In partial contrast to this line of reasoning, it was also proposed that a good source of supply of persons with capacity for child care is to be found among people of low income. This "indigenous-worker" idea was not discussed in detail but it was pointed out that standards of care for the children must not be lowered in the process. This happens sometimes, one Conference member reported out of his experience in a "poverty program." But he and others were optimistic about using carefully selected, unskilled workers in child care services.

In the second place, a residential facility has to have enough child care workers to assure that each child has a caretaker that he can come to feel is truly his own. In his paper, Morris Mayer gave figures showing that, with a 40-hour work week, vacation, and sick leave to be provided for, an average of a bit more than one child care worker per child is needed to meet this requirement. For infants, the number would have to be somewhat larger, he thought.

The proper assignment and scheduling of a staff of this size presents a third major problem. A child's "special" caretaker does not have to be in constant attendance but there are times of day and kinds of circumstances, it was said, in which her presence is particularly important. Bedtime and mealtime rank high on the list, as do the times when a child is ill or when he is seriously distressed. The eight-hour working day and other such limitations make it impossible for an institution to meet fully children's needs for this degree of personalized attention but it was thought that a dinner-night-breakfast schedule might possibly be arranged.

Making an institution more like a family

Even if an institution's child care workers are affectionate and gifted in dealing with children, there are other aspects of the institutional situation that makes child rearing difficult, it was said. For one thing, the children assigned to a particular worker or group of workers or to a particular residence are likely to be of much the same age. Then there is the child-centeredness of even the best institutions, a characteristic related to the point made by Sibylle Escalona about children's need for involvement in adult activities. In this connection it was noted that in an institution even mealtime conversations are child-centered; staff members are likely to avoid carrying on conversations that are "over the children's heads" or that involve people or events outside the children's lives.

More subtly, children's development in a "good" institution may be handicapped by the blandness of the emotional atmosphere as compared with that of a normal home. High excitement is apt to be damped down and scenes of competition and anger avoided. Intensity in relationships between caretakers and children is not encouraged, though kindness and gentleness on the part of the caretakers is prescribed. All of this may have some unexpected consequences, a psychiatrist noted, since children's emotional growth proceeds through the resolution of conflicts growing out of intense human relations.

Child rearing in an institution also suffers from a paucity of role models and especially from the fact that children are unlikely to see adults playing several different roles. Sibylle Escalona touched on this when she described the institutional child's lack of exposure to the many small and large disruptions of schedule that occur in an ordinary home.

To a child in an institution, a caretaker is a caretaker—not a wife, a hostess, a daughter, a person with an outside job perhaps, and so on. The child can, of course, be given the opportunity of knowing nurses, doctors, cooks, administrators, etc. But it is difficult to arrange that he know any of these people (including his caretakers) in the range of roles they perform in addition to the occupational.

For these and other reasons, there was considerable discussion of the possibility of simulating family life in institutions. Several persons suggested that children be assigned to family-like groups headed by a couple who act as father and mother. The children in each group would vary in age. The "father" would go out to work, in the manner of the usual male head of a family. The "mother" would stay home to care for the children, manage the house, and so on. Life in the household would proceed in a manner as nearly like a normal family's as possible.

This ever-appealing idea (which in fact has been tried out in some institutions) was rebutted by several discussants. Bettye Caldwell, for one, thought more could be accomplished by professionalizing the child care staff. This is especially necessary, she said, because most of the children who would be placed in institutions would come from poor families and would probably need special kinds of remedial experiences that even a good family could not supply. Sibylle Escalona deplored the "pseudo" character of the proposed institutional family, both in its social definition and in the emotional relationships involved. Instead she proposed that we try to determine exactly what it is that a normal family provides for its children. Then, on the basis of these findings, we should be "quite open-minded about devising new means of achieving these conditions rather than trying to duplicate the means that normal families use, since these, torn from context, may not have the same favorable consequences."

Providing adequate stimulation

The Conference members seemed to have little doubt that infants and young children can be given adequate sensory and cognitive stimulation in a residential facility. This obviously requires a sufficiently large staff composed of the right sort of people with the right sort of training and experience whose work is organized in the right sort of way. For children beyond infancy it calls for a nursery school type of program as well as an adequate supply of indoor and outdoor equipment and other materials that the children can use outside of school hours.

It was pointed out—most forcibly in Sibylle Escalona's statement—that in the use of toys, games, and other equipment, the interpersonal element must be emphasized. No matter how elaborate are the physical means of stimulating perceptual and cognitive development, their purpose is unlikely to be fully achieved unless there is personal interchange between children and caretakers that encourages the children's efforts.

Rather detailed descriptions of how this aspect of children's developmental needs can be met were given by several speakers. Harriet Tynes described how the nurses in the institution she directs handle and "converse with" young infants. Eleanor Hosley made numerous suggestions about children's activities and their scheduling. Bettye Caldwell was less specific about means and methods but in her analysis of what the Children's Center aims to accomplish there were hints of new "programed" ways of enhancing deprived children's intellectual and personal development.

The question of continuity of care

For all the optimism about the ability of institutions to give infants and young children affectionate care and adequate stimulation if sufficient human and material resources are provided, the problem of meeting children's need for continuity of care put in doubt the whole issue of residential group care for infants and young children. This is because affection and stimulation are not enough. For full emotional development an infant needs a loving caretaker to whom he can form a close attachment and who will remain "his" for at least several years. And since, in a young child, emotional growth cannot be separated from intellectual growth, the latter also calls for continuity in this respect.

It is true that not all young children in residential care are seriously harmed if their caretakers leave. The extent of children's need for constancy on the part of caretakers varies somewhat with their age and constitutional makeup, it was said by Anna Freud. In addition, for children old enough to understand, it varies with the reason for their caretaker's departure. On their own, older children can sometimes find adults with whom they can establish a mutually satisfying relationship. Nevertheless, extreme and numerous changes may be most handicapping.

In several of the formal statements and in the course of discussion, a number of the reasons for breaks in continuity were identified, as were some possible ways of countering their presumed ill effects. The major distinction to be made is between breaks occasioned by the child's departure from the institution and those that affect the continuity of the child care worker. Obviously, these call for different modes of attack on the problem.

Breaks in continuity occasioned by the child's departure are of two types: those that are not planned by the institution and those that are. Whether the effect on the children is different was not discussed. The first of these two types occurs rather frequently. There is much too much uncontrolled shifting of children from one place of foster care to another, it was said, and too frequently children are returned to their own or relatives' homes without due regard to environmental or psychological conditions. This can happen when an institution's administrators do not have well-formulated policies on this subject and appreciative concern for what a change in caretaker may mean to young children. It also happens when an institution does not have sufficient control over decisions about the children it serves and must often do what others, such as courts or child placement agencies, order.

This latter state of affairs, said Joseph Garvin, makes for a sense of uncertainty on the part of administrators, which adversely affects the morale of the institution and all the children in its care. Little was said about how this situation can be bettered, other than to recognize that this is one part of the larger problem of inadequate coordination among agencies.

With regard to planned breaks in continuity, several suggestions for easing the strain on the children were made. Harriet Tynes, for instance, told of some means used in her agency to bridge the gap between foster care and adoption. As one example, the infant's caretaker (usually a foster mother) goes with him to the adoptive home, and the adoptive parents are urged to bring the baby to visit her from time to time. This sort of continuation of contact, however, is often not approved of by the agencies to which children are transferred, Joseph Garvin reported. In his institution, "parting ceremonies" are used instead, a device that Anna Freud regarded as probably ineffective with preschool children.

If transfer of children at a certain age is planned from the outset (as would be the case in Sally Provence's proposed experimental project), Eleanor Pavenstedt urged that special preparation for this event be built into the plan. For instance, if the children cannot have early and continued contact with the families with whom they are going to be placed, they might at least have contact with similar types of families and so learn to know something of what life outside an institution is like.

In this connection, it was suggested that agencies select foster parents a year ahead of time. These people would be paid on a standby basis and would have the children in their homes for, say, weekends and vacation periods.

A second major type of break in continuity of care is that which results from changes in caretakers. There are several reasons for such changes, quite aside from the fact that in some institutions sufficient attention is not given to assigning and scheduling child care workers in a way that will give each child a worker he can call his own. As has been noted, the eight-hour day and 40-hour work week imposes serious difficulties. Weekends and vacations further cut into the possibility of providing continuity. Above all, the frequent turnover in staff appears to make continuity of care almost impossible.

No real solution to the problem posed by the limited work day and week was suggested. The nearest approach to a solution was Morris Mayer's suggestion that the persons who function in the role of chief mother substitutes be on duty before the children go to bed and stay with them through breakfast. They would bathe the children, play and talk with them, put them to bed, and spend this one mealtime with them. Even this arrangement would mean a period of duty longer than eight hours, and it would probably not solve the weekend problem.

A possible means of encouraging staff to accept rather unconventional working hours was suggested by a description of the arrangements of an institution in Tel Aviv, Israel, the Mothercraft Training and Child Care Institute. In this institution six to eight children of ages ranging from birth to five years are assigned to living quarters headed by a nurse. The nurse is the "mother" in full charge of the unit, including furnishing and equipping it and determining (to some extent) its program. This arrangement was said to be effective, as indicated both by the nurses' enthusiasm and a decline in their rate of sick leave and by the children's improvement in behavior and intellectual performance.

The most serious impediment to continuity of care is the high turnover rate among child care workers. Morris Mayer reported that in his institution about a third of these workers stay on the job for only a year or less. A third stay many years, and the other third stay about two or three years. Joseph Garvin said that at Abbott House, which he described as having a relatively low turnover rate, the average length of stay is eighteen to twenty-four months, but some workers remain on the job only three or four months. The result is that some children have the same caretaker for a considerable length of time while others suffer frequent changes.

Some of the reasons for the frequent resignations were listed by Morris Mayer in his paper: higher salaries and more satisfactory working hours elsewhere, limited opportunities for advancement, the pressures and frustrations of the work, the vagueness of the job definition. To this list was added forced resignations, due to unsatisfactory performance on the job. Beyond urging better training for child care workers and professionalization of the job, the Conference members said little about how these reasons for high turnover might be attacked. Chief attention was given instead to ways of countering the bad effects on the children.

One hope along this line was that "the house" itself would give the children security, especially if the key staff members stayed on the job for many years. To this suggestion Anna Freud replied that the kind of continuity under discussion is the child's continuity of relationship to the central objects in his life. "Compared with that, the continuity of the other elements is of relative unimportance." Nevertheless, she added, there are cases in which the important and the marginal assist each other. For instance, if a mother has to leave home for a lengthy period, it is better for a child if he is cared for in his familiar surroundings, even if by a stranger. For the surroundings provide, probably through association with the loved person, a continuity that helps.

To depend on continuity of surroundings and of peripheral persons, such as institution administrators, to meet the emotional needs of children under four years of age is, however, unjustified, Anna Freud added. Some older children can make such attachments; some may even deliberately replace their loyalty to persons by loyalty to an institution. But for young children such replacement is a psychological impossibility.

Eleanor Pavenstedt had suggested that since some turnover of staff is unavoidable, each young child have a specific second person with whom he can develop a close relationship. This suggestion was not explored in the discussion but it is obvious, turnover rates being what they are, that even this second person might leave.

Other suggestions made during the discussion had to do chiefly with ways of softening the blow dealt by a child care worker's departure. Some institutions make much of parting ceremonies. The possibility of maintaining some contact between worker and child was mentioned but disadvantages of this were also pointed out. Explaining to the children why their caretakers were leaving was said to be helpful under some circumstances. If the reason was marriage, introducing the children to the husband-to-be has sometimes been found to be helpful.

These suggestions, however, left the problem of providing continuity of care for very young children essentially unsolved. Indeed, in view of the difficulty of finding a solution, several speakers expressed doubt that institutions can ever be expected to serve young children adequately. Morris Mayer, for instance, said that conventional full-time group care for children under two or three is so likely to be damaging that other arrangements must be devised. Eleanor Hosley agreed, adding that she could think of no practical, workable plan for caring for infants and toddlers in an institution.

In view of her wartime experience with the Hampstead Nursery (about which she has written), Anna Freud's opinion on the question seemed especially important. Overall, she said that while residential care may sometimes be necessary as a therapeutic measure, it is usually a dubious means of promoting sound personality development in young children. Nevertheless, her experience with the Hampstead Nursery was encouraging, she added. This she attributed partly to the staff's ability to retain even reluctant parents' contacts with their children. In general, she went on to say, we should not expect from a residential facility what it cannot give—a sense of belonging.

An institution, however, can hold children for unmarried mothers who cannot rear them but do not want to part with them altogether. If the institution is willing to share the child rearing task with the mother without frightening her away by insisting that she take the child back someday or pay for his keep or by otherwise ruining her chance for a satisfactory life, many unmarried mothers would probably stay sufficiently in contact with their children to give them a feeling of belonging to somebody and would thus give the children what an institution cannot provide.

Alternatives to residential group care

Since institutions as presently constituted were regarded as so dubious a means of caring for young children, especially those without parents, much was said at the Conference about the desirability of expanding and improving the other means of caring for needy children, and of inventing new ways of dealing with the problem. The proposals ran the gamut of present methods and added some new suggestions. Use all possible means of avoiding placement, it was said. Increase adoptions. Improve foster family care. Devise comprehensive programs that combine various elements of service. Many pertinent remarks were made along these lines, the gist of which was the following.

In her "Comments" reported above, Anna Freud was most persuasive in her plea that much more be done than at present to enable parents to keep infants and young children at home. "Do the authorities do everything in their power to promote family care," she asked, "to enhance it, to make it financially possible?" Giving married mothers and other relatives adequate funds for the children's support would be both cheaper and psychologically more desirable than keeping the children in institutions. "If we were fully convinced of the superiority of family care," she added, "much effort would be concentrated on helping home life fulfill the needs of the child."

One of the ways of doing this, she pointed out, would be to gear day care to make up for what children miss at home. In connection with this point, she described the situation of a child who is at present in the nursery school she directs—a child whose mother has recurring manic-depressive episodes, during which the children suffer greatly. This child benefits from his time in the nursery and would benefit more if he had more of it, she said. But removal from home would be an enormous shock to him and should be avoided if at all possible. Another child in the nursery has a highly disturbed mother and a weak, irresponsible father. The parents quarrel bitterly in front of the children. But this child, whose behavior led her mother to think she needed psychiatric treatment, is most contented in the nursery school and thrives well. In short, there are many seemingly poor homes in which there is, nevertheless, something positive in the parent-child relations that can sustain a child when supported by good day care.

There was considerable discussion, too, of finding ways of increasing the number of adoptions. As matters now stand, most of the children the Conference was concerned about have very little chance of being adopted. This is particularly true of Negro and Puerto Rican and Spanish-American children, as well as some other socially handicapped groups. Several Conference members urged that adoptions of these hard-to-place children be subsidized, especially if it is only lack of money that keeps otherwise suitable adoptive candidates from giving the children permanent homes. In fact, one member urged that all children without fathers be entitled to a new form of social security payment until they come of age. They could then use this money to help pay for their care by foster or adoptive families.

To many Conference members it seemed, too, that the possibilities in foster family care have not been adequately utilized. Anna Freud, in her comments on the first day's papers, urged that foster care of children be made a profession, with training and adequate financial compensation. This she thinks would put foster care on a better footing and help to make up to the foster parents for the eventual loss of the children they rear.

Others spoke of the need for more child welfare workers, saying that foster families often relinquish children because they are discouraged about the difficulties they have in handling them. More and better trained workers might ease their burden somewhat, it was thought. This led to a proposal that the Federal Government's share in meeting the cost of foster care be increased. As matters now stand, said Commissioner Shapiro, all additions to a State's child welfare staff and all other improvements in foster care must be made at State or local expense.

Present payments for foster care were contrasted with the cost of institutional care, much to the former's disadvantage. As Halbert Robinson put it, "We pay $8000 per child a year to produce inadequate institutional care and $780 a year for inadequate foster family care." To him and some of the others, it seemed reasonable to suppose that investing more money in foster families would bring better results than are secured at present.

While not disagreeing with the need for more money, Sibylle Escalona warned, however, that neither foster family care nor institutional care would be automatically improved if more funds were appropriated. "Can we in all honesty say," she asked, "that with the funds that have been available we have operated as well as we could?" Lack of funds is only half of the problem, she added. The other half is the inadequate use of present knowledge of the ways in which disadvantageous events and circumstances can affect children's lives, and of what can be done to offset the ill effects through good foster care practices.

Another suggested alternative to institutional care was that of a comprehensive program of child welfare services. Charles Gershenson described one such program that has been developed by a protective agency under a demonstration grant from the Children's Bureau. This agency has added to its established casework and psychiatric services a day care center, a homemaker program, and a number of foster family homes for use when children must be temporarily removed from home. Any or all of these services can be brought into play in a given case, to the end that the child and his parents remain together if at all feasible.

In discussion of this plan, it was suggested that to this complex of services should be added services for parents as well. As Martin Gula said, "Services are needed to help parents resume or continue full-time care of their children. Services are also needed for parents who are inherently part-time parents. They may remain 'in the wings' all through a child's life and never provide 24 hour care. By adolescence, however, the child may say, 'Well, that's my mother. She isn't able to do much for me but still she's my mother and I'm glad I have her'." Some of these parents may be sufficiently sustained by an agency's services so that they can play this much of a parental role, and the child may be better off than if the parents faded out of his life. This is not to say, of course, he added, that *all* part-time parents can be helped or should be helped in this way. Some parents need help in freeing the child for adoption or other constructive long-range plans.

A new kind of residential group facility

Discussions of comprehensive services led back to residential group care and suggested the possibility of remodeling it in such drastic ways that it could serve as a means of caring for even very young children. Sibylle Escalona opened the subject up by saying, "I for one believe that new patterns of group care can be devised, and that they might be very effective. They might look quite different from what we now call institutions. They might be a compromise between a professionalized foster home and something that in legal, fiscal, and administrative terms is more like an institution. What I am thinking about is family-type homes that are part of an institutional complex."

Morris Mayer, too, mentioned the possibility of foster homes as parts of a larger organizational structure, and Eleanor Hosley went into considerable detail about a plan of this sort that she has worked out. Since Miss Hosley's was the most detailed proposal made for meeting the needs of young children through a means that might be called residential, it is presented here rather than as part of her paper on programing, to which it was originally attached.

An Institution with Satellite Homes

In putting forth the following ideas about a new type of residential child care facility, I draw upon my recent work with an Office of Economic Opportunity project that tries to find day care homes among low-income families. The latter experience, with its finding that good foster homes can probably be secured if adequate financing is provided, leads me to suggest that we should try to do something much different from usual in providing foster care.

I call this new type of organization an institution with satellites. It would consist of quite a number of group homes in the neighborhood of a central institution, which would be an administrative and service facility. In this central building would be offices, clinics for children and adults, an infirmary, class and recreation rooms for adults, and nursery school and kindergarten for the children. A number of auxiliary and supportive services would also be housed there: for instance, a babysitter service that would make it possible for the foster parents to have evenings away from home; homemaker service so that if a foster mother was ill, the children could remain in their own foster home until she recovered; caseworkers assigned as supervisors and counselors for the foster children.

The group homes would be dwelling houses scattered around the neighborhood but belonging to the institution. They would be provided to the foster parents rent-free, as part of their remuneration. The foster parents would also receive a decent salary. Each foster home would be set up to care for no more than four children under six years old, but they might care for as many as ten children in all if six of them were older.

Unless they were twins or triplets, no two children in a foster home would be of the same age. The reasons for this are several. Individualization is important. It is a little easier to recognize that a baby and a two-year-old (or a two-year-old and a four-year-old) have different needs in relation to food, sleep, etc., than that two children of approximately the same age have different needs. Moreover, children of different ages do not need quite the same kind of attention from the parents at the same time. Older children can help younger children. An older child and a baby can mean something to each other, whereas two babies don't relate to each other in the same meaningful way. For children in foster care everything that supports meaningful relationships and individualization of need is important.

Most of the children needing foster care come from families of low income. There are, I believe, some adults from this same segment of society who could and would be attracted to becoming foster parents if it enabled them to lead respectable, normal lives in the community and to make an important contribution to children's well-being. Although many of the people in these areas are impoverished emotionally as well as in other ways, by no means all of them are. Among the latter are people with grown or almost-grown children of their own who would welcome the chance to help other children, especially if they could live a decent life while doing so.

I am assuming that many of the children served will need long-time care. The kind of care proposed here would maximize continuity. Both the parents and children would think of belonging together until or unless the own parents of the children could take them back. Moreover, the children would be part of a relatively normal community. Although unexpected and undesirable change would be bound to occur, since some homes would inevitably fail or be subject to the kind of crisis that makes replacement of children necessary, replacement within the same community would be possible. This is one of the kinds of continuity that can have value for children. There could at least be continuity of school, babysitters, recreation, friends, etc.

Then, too, although the children in these homes would of course be "different," their differentness would be somewhat minimized. The children would be as likely to be friends with children who were not a part of the program as with children who were. Even children who come from a day care center tend to be marked off at the public schools they attend. Teachers tend to resent these children because they stick together. It seems to me that at least this problem could be obviated by this sort of arrangement.

No matter what one does for these children, they will be subject to greater discontinuity and less sense of belonging than children in their natural or adoptive homes. It seems to me that what I have described, however, would strengthen the chances of continuity both within the satellite homes and with the community. Although from time to time there would be bound to be changes in the makeup of the group of children within a home and although these children would have to endure more change than most children who live with their own parents, the frequency of change would probably be much less than in an ordinary institution.

Because many of the foster parents would come with various kinds of deprivation (except, we would hope, in the matter of having been adequately mothered themselves) they are likely to have many areas of rigidity and ignorance. A major part of engineering a program for the children would be group education for the foster parents. This should include meetings at which the foster parents have a chance to air their common problems and learn more about child development and appropriate educational methods.

Particularly during their first years of employment, the foster parents would need a close relationship with a counselor. The counselor should probably have weekly discussions with the foster mothers and would talk with the foster fathers as indicated. She should also visit the homes, having occasional meals with the families in order to know as clearly as possible what actually goes on and to become well acquainted with the children. If their own parents were interested, the counselor could make the arrangements for the children to visit them. Among other duties, she would consult with the foster mothers about their general planning for the care of the children; would supervise changes made in the foster families, such as new children entering a home or old ones leaving, and would try to help the foster parents handle both their own and the children's feelings about separation.

Once children were well established in a home, the program for infants and toddlers would be much like that of any other home in the area. The exact schedule would differ from family to family, of course. Even if it were not the neighborhood custom, however, mothers would be urged to hold the babies to feed them and to take time to play with and talk with them appropriately. Helping the parents converse with all the children would be stressed.

Provision would be made for protected outdoor play space and suitable play equipment in each home, and it could be seen that regular periods outdoors were arranged. Appropriate books and stories would be provided, as well as other indoor play material. Toddlers and babies would probably accompany the mother when she marketed, but in a home where a second adult was available they might stay home. (One would not rule out a grandmother in the home, for instance.) In other words, the babies' and children's daily program would perhaps be above average for the neighborhood but as much like that of the usual family living there as seemed feasible.

While it would and should be clear to all concerned that the foster parents were not "own" parents, they should carry out as many parental functions as possible and practical. They should, for example, be responsible for taking charge of the children's medical and dental care. They should be given a clothing allowance sufficient to buy clothing for the children appropriate to neighborhood standards, and they should do the actual selecting and purchasing. Although there should certainly be guidance, the foster parents should have as much leeway as feasible for individual predilections about the selection of activities, equipment, food, and clothing for the children they serve.

As would be expected, Eleanor Hosley's proposal aroused considerable discussion. It was compared favorably with the Belgian community treatment plan for epileptics, a plan that was said to have worked well. It was also praised as a significant step toward a new way of organizing foster care that would provide under one management the whole spectrum of services that foster children need. In this latter connection, it was noted that consideration is now being given to making neighborhoods the basis for a full range of services—mental and physical health services and schools as well as the whole range of social services for both adults and children.

One problem found in the satellite plan was that continuity of care in the group homes might prove difficult because the proposed foster parents might be too old by the time the children became adolescents. To counter this, one discussant suggested that a residential institution be included. Children would enter it at a prescribed age, the institution being somewhat equivalent to a boarding school and "graduating" to it being an expected step in a child's life. Since this institution would be in the neighborhood, the children and foster parents could maintain their ties.

Another discussant raised the question of whether continuity of care is really desirable if the persons providing the care have the same intellectual and cultural handicaps and use the same inadequate child rearing methods as most of the natural parents of the children in question. To meet this problem he suggested adding a day care program not only for older children but also for those under three years of age.

Eleanor Hosley replied that in her experience not all low-income parents are rigid and "culturally deprived." A considerable number have received good mothering themselves and are warmly disposed toward children. They can provide the affection the foster children need, though it may be that for cognitive development a nursery school type of adjunct care should be considered for children over three.

Sally Provence agreed and added, in closing the discussion, that she feels optimistic about the possibility of recruiting families and individuals to care for very young children. Since many of these children are essentially undamaged, their development could provide much satisfaction to the adults who become their caretakers.

Conclusions

The question posed in this section of the report—and for the Conference as a whole—was whether infants and young children who are homeless (in the sense that their parents are unable or unwilling to provide homes for them) can be satisfactorily cared for in a residential facility. As the reader will have seen, no single, clear-cut answer to that question was arrived at. Instead, it was implied that the question should be restated in a way that takes account of the diversity of reasons for group care and the diversity of children for whom it may be proposed.

It was agreed that it is very unlikely that conventional child care institutions can be sufficiently remodeled to enable them to meet the developmental needs of young children whose parents cannot be kept in close contact with them. (A possible exception was made in the case of very young infants, on the basis of Harriet Tynes' experience.) Whether these young children could be adequately served if the institution could give them caretakers with whom they could identify and who would remain on the job over the years was not clear. What was clear, however, was that most institutions would find such continuity of care almost impossible to achieve.

There was a suggestion in Anna Freud's remarks that if contact between parents and children can be maintained—and if the institution is staffed and operated in a way that respects children's developmental needs—infants and young children can be adequately reared in an institution. Unfortunately this suggestion was not discussed in detail, so it stands as the isolated opinion of the Conference's distinguished guest.

For the most part, the Conference members, including Anna Freud, apparently regarded institutional care as a last resort, to be used only if adoption, foster family care, or satisfactory maintenance of the child in his own home cannot be arranged. To make these latter devices more workable, generous use of counseling and of financial assistance to parents was urged, as was increased aid to foster and adoptive parents through such devices as higher remuneration, day care, homemaker services, and the like.

A new form of foster care that would consist of a complex of child welfare services was proposed for children who cannot be maintained in their own homes and for whom good adoptive homes cannot be found. Whether this scheme—or some modification of it—is or is not properly called residential group care seems immaterial. The proposal does suggest that an institutionalized form of care can be devised that will probably get around some of the difficulties inherent in conventional child care institutions.

This, then, is as near as the Conference came to answering the question with which it started. As Dr. Senn put it in closing, "This Conference has given impetus to all the participants to reassess their work in the child care field, to reexamine the design as well as the goals of their particular programs. The fact that the Conference concludes without having devised a model program that guarantees optimal child care is an important earmark of its success."

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